LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT #

A97000001698

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

THE EMERALD COAST EMPORIUM LIMITED PARTIE



FILED

03 APR 25 PM 4: 40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

(305) 859-4900

Daytime Phone #

4/22/03

				(1)							
2. Principal Place of Business			3. Mailing Address			DO NOT WRITE IN THIS SPACE					
2333 Brickell Ave.			College Arra H. con			1400					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1					
D-I City & State			City & State	City & State						Applied For	
-	a 33129			4. FEI Number 65-0773167			<u> </u>	Not Applicable			
Miami, Florida 33129 Zip Country			Zip Country			S Contificate of Status Posited S8.75 Additional					
Zip Godnity Zip				,		5. Certificate of Status Desired Fee Required					
	(7. Name and Address of Current Registered Agent							
				Name							
	n	O-NOT-W	DITE	Mary Ann Y. David							
10 martin - 1		V THIS SE	eta carea arcae. Per el cuenciona de la como	Street Address (P.O. Box Number is Not Acceptable) 2333 Brickell Ave.							
	医型肠部肠 癌	Suite D-1									
		City	City Miami FL Zip Code 3312					Code 33129			
8. The above	named entity	submits this statement for	or the purpose of changing its			in the State of Flo	rida. Lam	familiar v			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent											
W/awan 1- h la V											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.											
9. Capital Cor	ntributions		10. Amount of Capita	l Contributions						DEPT OF STATE	
as Shown o			in FLORIDA to da							FORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.											
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes											

Clifford D. Rosen