9 **J**9-**J**96-**J**J55

Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

Principal Place of Business 1000 E. HILLSBORO BLVD SUITE 100 DEERFIELD BEACH FL 33441  1500 W. Cypress Creek Road, Ste. 407 Ft. Lauderdale, FL 33309  2. Principal Place of Business  3. Mailing Address	DNS A
2. Principal Place of Business 3. Mailing Address	
	1/3/12 (1/6/1/35/1/106/)
Suite, Apt. #, etc.  Suite, Apt. #, etc.  DUE BY MAY 1, 2003	
City & State	Applied For Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired 5. Fee Rec	Additional juired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
BRENNER, SCOTT Name	
1000 E. HILLSBORO BLVD., SUITE 100  Street Address (P.O. Box Number is Not Acceptable)  DEERFIELD BEACH FL 33441	
	Code
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.	
SIGNATURE	
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. 2 6 7 7 5 6 7 7 1 SEE REVERSE SIDE FOR FEE INFORMATION	
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.	
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY	
DOCUMENT / P97000088596 BRENNER EQUITY ADVISORS, INC. STREET ADDRESS 1500 W. Cypress Creek Road, Ste. 407 CITY-ST-ZIP Ft. Lauderdale, FL 33309	
CITY-ST-ZIP DEERFIELD BEACH FL 33441	
NAME STREET ADDRESS	
STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         D3/05/0301007023         **526	. 25
DOCUMENT # STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT # STREET ADDRESS NAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT   NAME  STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT / STREET ADDRESS NAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
14. J 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 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 limite the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes	he information ed partnership or (