2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) A97000002504 DOCUMENT

1. Entity Nan THE CE		AGENCY, LTD.		·	\		0.2	FILED	o-7	
Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 412 WEST PALM BEACH FL 33401				ailing Address 55 Palm Beach Laki ITE 1000 EST Palm Beach Fl			- 03 SEC	MAR I I AM 9: 2 RETARY OF STATE AHASSEE FLORID		
2. Principal Place of Business .				Mailing Address					### 	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Numbe	r 65-0795 019	Applied For Not Applicable		
Zip	Country			Zip .	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
UNIVERSAL LAND TITLE, INC. 1555 PALM BEACH LAKES BLVD., SUITE-1000						- Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH FL 33401									•	
						City		F	Zip Code	
8. The above the obligat	named entity su tions of registere	ibmits this statement for d agent.	the p	urpose of changing i	ts registere	ed office or regist	tered agent, or both	, in the State of Florida. Ta	m familiar with, and accept	
SIGNATURE .	Signature, typed or p	inted name of registered agent a	nd title if	applicable.				DAT		
9. Capital Contributions as Shown on record. \$5,000.00 in FLORIDA to date										
	A GE NOTE: G	NERAL PARTNER T eneral Partners MA	HAT I	S A BUSINESS E T be changed on	NTITY M	UST BE REGIS	STERED AND A	CTIVE WITH THIS OFFI I to change a general p	CE.	
12.		GENERAL PARTNER			13.		•	ADDRESS CHANGES (
DOCUMENT # NAME STREET ADDRESS	ME UNIVERSAL LAND TITLE, INC.					ET ADDRESS				
CITY-ST-ZIP		BEACH FL 33401	.,		CITY	-ST-ZIP				
DOCUMENT # NAME					STRE	ET ADDRESS		0011907		
STREET ADDRESS CITY-ST-ZIP		· 			CITY	-ST-ZIP	 U3/14/	U3U1U3YUU2 	₩#11.5U	
DOCUMENT # NAME					STRE	ET ADDRESS	301 9279671	00119070)83 **123.75	
STREET ADDRESS City-St-Zip		<u> </u>			CITY	-ST-ZIP				
DOCUMENT# : NAME .					STRE	ET ADDRESS				
STREET ADORESS City-St-Zip					CITY	-ST-ZIP	``			
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STREET ADDRESS CITY-ST-ZIP					CITY-	-ST-ZIP				
DOCUMENT # NAME					STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP						ST-ZIP		,	,	
14. I hereby condition indicated the receive Michael	ertify that the info on this report is er or trustee em 1 Glass a	ormation supplied with true and accurate and to powered to execute this is President	this filit hat my report	ng does not qualify for signature shall have t as required by Chap Universal L	or the exer the same oter 620, F and T	nption stated in S legal effect as if forida Statutes itle, Inc	Section 119.07(3)(i) made under oath; . its Gene	Florida Statutes. I further of hat I am a General Partner ral Partner	ertify that the information of the limited partnership or	

January , 2003

561-689-8200