2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HEKE

SIGNATURE: .

DOCUMENT # A9800000490 1. Entity Name SEIN FAMILY LIMITED PARTNERSHIP, LTD.						FILED 03 MAY -1 PM 2: 49	
Principal Plac 5042 CROSS F OLDSMAR FL	POINTE DRIVE		Mailing Address P.O. BOX 270 OLDSMAR FL 34677			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business			3. Mailing Address			T I DOBREN KOLO TOROL IKUM BENJI DOLIH BODIN EDIN BONT BONT BIDIN BIDIN BONT BODIN BONT BODIN BONT BODIN BODIN	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUI: BY MAY 1, 2003	
City & State			City & State			4. FEI Number 59-3496116 Applied For Not Applicable	
Zip	Zip Country		Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name		
COLL, MARTA S					Street Address (P.O. Box Number is Not Acceptable)		
5042 CROSS POINTE DRIVE OLDSMAR FL 34677					<u> </u>		
OLDSWINT PL 34077						05/01/0301003023 **526.25	
					City FL Zip 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 Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$300,000.00 In FLORIDA to date					butions 72	384 00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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 filled to change a general partner.							
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY							
DOCUMENT # NAME	COLL, MARTA STEIN			STRI	EET ADDRESS Co	oll, MARTA "Sein" (misspelling) and not STEIN	
STREET ADDRESS CITY-ST-ZIP	5 5042 CROSS POINTE DRIVE OLDSMAR FL 34677			CITY	-ST-ZIP	and not STEIN	
DOCUMENT # NAME	KOON, EL	JNICE SEIN		STRE	EET ADDRESS 10	Summerwinds Lane	
STREET ADDRESS CITY-ST-ZIP		HIGHWAY 19 N RBOR FL 34684	CI		7-ST-ZIP Old	dsmar, FL 34677	
DOCUMENT # NAME	ME FERNANDEZ, MIRIAM SEIN REET ADDRESS 1800 BEN FRANKLIN DRIVE #806			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT # NAME	-			STRE	EET AODRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				СПУ	-ST-ZIP		
DOCUMENT #				STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
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							

MACLATIE LELLIPEGENERAL PARTNER
SQUATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER