CR2E003 (10/02)

## 2003. LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

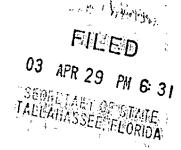
A9800000616 **DOCUMENT #** 

1. Entity Name 2055 PBL, LTD

WEST PALM BEACH FL 33401



WEST PALM BEACH FL 33401





2. Principal Place of Business			3. Mailing Address			) 198100H 1910 19101 19111 901H 301H 301H 60H 60H 60H 61H 118K 61H 118K	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State			City & State			4. FEI Number 65-0849496 Applied For Not Applicable	
Zip		Country	Zip	Zip Count		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		
ADDENAULT CEDADO A					Name		
ARSENAULT, GERARD A 800 NORTH FLAGLER DRIVE					Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401							
				,	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.						DATE	
9. Capital Contributions as Shown on record.  10. Amount of Contributions in FLORIDA					outions	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 filed to change a general partner.							
				13.	,	ADDRESS CHANGES ONLY	
DOCUMENT #	ENT # P98000021074			STRE	ET ADDRESS		
NAME	2055 PBL, I	NC.   Flagler Drive		1			
STREET ADDRESS CITY-ST-ZIP		BEACH FL 33401		CITY	-ST-ZIP		
DOCUMENT # NAME	}			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	500017320105 04/29/0301078010 ***526.25	
DOCUMENT # NAME				STRE	ET ADDRESS	·	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #				STRE	ET ADDRESS	7	
NAME Street Address City-St-Zip			<u></u>	CITY:	-ST-ZIP	15/	
DOCUMENT #				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
	L						

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER