2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9800000740 **DOCUMENT #**

1. Entity Name ADZIN, LTD.

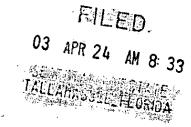


Principal Place of Business 1400 NW 107TH AVENUE MIAMI FL 33172-2704

2. Principal Place of Business

Mailing Address 1400 NW 107TH AVENUE MIAMI FL 33172-2704

3. Mailing Address





Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State			4. FEI Number 65-082	2666	Applied For Not Applicable	
Zip		Country	Zip	Coun	ntry	5. Certificate of Status De	esired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
LEVY, JOEL					Name				
1400 NW 107TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33172					-				
110 4111 1 10 44 11 11									
					City		FL		
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.					h	DATE CONTROL DAVABLE TO SE STATE			
9. Capital Contributions as Shown on record. \$1,500.00 10. Amount of Cap in FLORIDA to					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						ADDRESS CHANGES ONLY			
DOCUMENT #	ADZIN, INC. 1400 NW 107TH AVENUE				EET ADDRESS				
NAME					The state of the s			<u></u>	
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CITY-ST-ZIP									
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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

SIGNATURE: