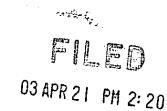
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000825



1. Entity Name ASPENWOOD ASSOCIATES, LTD. Principal Place of Business Mailing Address 930 SOUTH OCEAN BLVD. 930 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Country Zipi Country E. Cartificate of Statue Decired 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500E WEST PALM BEACH, FL 33401 8. SIGNATURE -Signature, typed or primed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions NONB as Shown on record. \$550,000.00 in FLORIDA to date.



SEATARY GENERAL AREA HAS SEEN FROM TO A

. DUE E	Y MAY 1.	2003	76.

Applied For

X Not Applicable

\$8.75 Additional

٥.	Delinicate of Status Desired	L	Fee Required					
7.	7. Name and Address of New Registered Agent							

Nain g		
Street Address (P.O. Box Number is Not Acceptable)		_
	,	_

ĺ	City	FL	Zip Code

. The above named	entity submits this statement for	the purpose of changing its registered	d office or registered agent, or both	, in the State of Florida.	I am familiar with,	and accept
the obligations of	registered agent.					

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.

Ė	12.	GENERAL PARTNER INFORMATION	13 ADDRESS CHANGES ONLY			
	DOCUMENT # NAME	P99000047595 ASPENWOOD ASSOCIATES GP 1999, INC.	STREET ADDRESS			
	STREET ADDRESS City-St-Zip	930 SOUTH OCEAN BLVD., ATTN: GEORGE MANN PALM BEACH, FL 33480	CITY-ST-ZIP	000016397640 04/21/03 01063 021 **141, 25		
	DOCUMENT / NAME		STREET ADDRESS	07/21/03 01003 021 **141,(5)		
	STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
_	DOCUMENT # NAME	The second secon	STREET ADDRESS			
	STREET ADDRESS City-St-21P		ĊſŦY-SŦ-ŽIP			
	DOCUMENT # NAMÉ		STREET ADDRESS			
CHECK HERE	STREET ADDRESS CITY -ST - ZIP		CITY-ST-ZIP			
	DOCUMBNT #		STREE1 ADDRESS	`		
	STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	CITY - ST - ZIP			
STAPLE	DOCUMENT / ~		STREET ADDRESS			
S	- STREET ADDRESS City-St-Zip		CHY-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-1 pail 18/03 (Se) 833-4800