FILED

03 JUN -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000840

1. Entity Name
ALAMEDA, LTD.

Principal Place of Business	Mailing Address
680 WEST PALM AIRE DRIVE POMPANO BEACH, FL 33069	% STEEL, HECTOR & DAVIS 200 S. BISCAYNE BLVD., STE. 4100 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 65-0833456 ☐ Applied For ☐ Not Applicable

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
RJVF CORPORATE SERVICES, INC. % STEEL, HECTOR & DAVIS, LLP 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131	Name: Corporate International Registered Agents Inc. Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd. Suite # 4100 City: Miami FL Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000090940	STREET ADDRESS	P94000090940 Misty / Inwood Coop
NAME	MISTY/INWOOD CORP.	CITY-ST-ZIP	1201 S. Powerline Rd. # 305 Pompano Beach, FL 33069
STREET ADDRESS	555 SOUTH POMPANO PARKWAY		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100020683734 06/09/03--01071--009 **150.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: Mani Clan Farkd. 6/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #