## 2003-LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b>	A9800000121	8

1. Entity Name

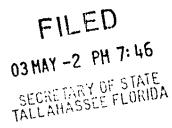
SIAPLE CHECK HERE

SIGNATURE:

THE DE POO LIMITED PARTNERSHIP



Principal Place of Business 2932 STAPLE AVENUE Mailing Address 2932 STAPLE AVENUE KEY WEST FL 33040 KEY WEST FL 33040



HLM

Daytime Phone #

2. Principal F	2. Principal Place of Business 3. Mailing Address					
Suite, Apt.	#, etc.	Suite; Apt: #, etc.		CIUE BY MAY 1, 2003		
City & Stat	е	City & State		4. FEI Number 65-0835827 Applied For Not Applicable		
Zip	Country	' Zip	Country	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		
CUTTEMA	CUTTICALLA CUICO, EDIAGADO D			Name		
GUTTENMACHER, EDWARD P 2600 SOUTH DOUGLAS ROAD, PH-8			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134						
f			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 Co		10. Amount of Cap	ital Cantributions	DATE  11. WAKE CHECK PAYABLE TO FL. DEPT. OF STATE		
as Shown	on record.	in FLORIDA to	date.	SEE REVERSE SIDE FOR FEE INFORMATION.		
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IŞ A BUSINESS E Y NOT be changed on	NTITY MUST BE RE the form: an amend	GISTERED AND ACTIVE WITH THIS OFFICE. Iment must be filed to change a general partner.		
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	P98000034229 MCLEOD REALTY, INC.		STREET ADDRESS			
STREET ADDRESS C/TY-ST-ZIP	2932 STAPLES AVENUE KEY WEST FL 33040		CITY-ST-ZIP	400017860664 05/02/0301014006 **526.25		
DOCUMENT #			STREET ADDRESS			
NAME STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP						
NAME		A.	STREET ADDRESS			
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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						