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

A98000001280 DOCUMENT

1. Entity Name

Principal Place of Business

SIGNATURE: B)

WEST PALM COMMERCE PARK, LIMITED



FILED

03 APR 28 AM II: 23

MACKEY, JR., PRES, 4/15/03 561-684-8811

Mailing Address
% MACKEY DEVELOPMENT, INC. % MACKEY DEVELOPMENT. INC. 2247 PALM BEACH LAKES BOULEVARD. SUITE 204 2247 PALM BEACH LAKES BOULEVARD. SUITE 204 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 65-0843376 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACKEY, WALTER J JR. Street Address (P.O. Box Number is Not Acceptable) 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH FL 33409 Zip Code City 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 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$30,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. P99000044137 DOCUMENT # STREET ADDRESS MACKEY DEVELOPMENT, INC. NAME STREET ADDRESS 2247 PALM BEACH LAKES BLVD., SUITE 204 CITY-ST-ZIP **600017120526** 04/28/03--01013--025 **2 WEST PALM BEACH FL 33409 CITY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-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 GENERAL PARTNER