

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 A.M
Secretary of State

DOCUMENT # A98000001959	
1. Entity Name DONNA L. GRIFFITH FAMILY PARTNERSHIP, LTD.	

Principal Place of Business % ANTHONY DE MEO 2400 E. COMMERCIAL BLVD., SUITE 517 FORT LAUDERDALE FL 33308	Mailing Address % ANTHONY DE MEO 2400 E. COMMERCIAL BLVD., SUITE 517 FORT LAUDERDALE FL 33308
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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 65-0858531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRINKLEY, W. MICHAEL ESQ. % BRINKLEY, MCNERNEY, MORGAN, SOLOMAN 200 E. LAS OLAS BLVD., SUITE 1800 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$5,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	P97000081099
NAME	DLG, INC.
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 517
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

700013998187
03/13/03 01005-016 **526.25

[Handwritten Signature]

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: <i>[Handwritten Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Anthony De MEO, President of DLG, Inc., G.P.	Date	Daytime Phone #
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CR2E003 (10/02)

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