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

DOCUMENT #	A98000001968

1. Entity Name GUN CLUB SHOPS, LTD.



Principal Place of Business 1800 NE 114TH ST., #804 MIAMI FL 33181

Mailing Address 1800 NE 114TH ST., #804 MIAMI FL 33181

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal F	Place of Business	3.	Mailing Address	· · · · · · · · · · · · · · · · · · ·							
Suite, Apt. #, etc. Suite, Apt. #, etc.			•	DUE			BY MAY 1, 2003				
City & State City			City & State	ity & State			4. FEI Number 65-0862659 Applied For Not Applicable				
Zip	C	country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and	Address of Current Regi	stered Agent			7. Name and Address of New Registered Agent					
WEIDENE	EID HADVEV			Name	Name						
WEIDENFELD, HARVEY 1800 NE 114TH STREET, #804				Street Address (P.O. Box Number is Not Acceptable)							
		, <del>7</del> 004									
MIAMI FL	33101										
,					FL Zip Code						
8. The above the obligat	e named entity sub tions of registered	omits this statement for the agent.	purpose of changing its i	registered office or	registere	d agent, or both,	in the State of FI	orida. I am fa	amiliar with, and accept		
SIGNATURE	Signature, typed or prin	ted game of registered agent and title	s if applicable				·				
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  \$344,100.00  10. Amount of Capital Contributions in FLORIDA to date.				Contributions 3	44 /	44, 100 (\$\frac{\times}{11}\$. Make check payable to fl. dept. of state see reverse side for fee information					
		ERAL PARTNER THAT									
	NOTE: Ge	neral Partners MAY No	OT be changed on th	e form; an ame	ndment	must be filed	to change a g	eneral part	ner.		
12.		GENERAL PARTNER INFO	DRMATION	13.			ADDRESS CH	ANGES ONL	Y		
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	ertify that the lefer	mation supplied with this fi	line door not recall for the	<u> </u>	-d:- O- ··	110.07(0)()					

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