


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002436

1. Entity Name
TAMEAST TEQUESTA, LTD.



FILED

03 APR 15 AM 8:35

Principal Place of Business
722 N US HWY 1
TEQUESTA, FL 33469

Mailing Address
722 N US HWY 1
TEQUESTA, FL 33469

SECRETARY OF STATE
58 TALLAHASSEE BLVD
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2003

4. FEI Number **58-2439404** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required


6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD., N.W., SUITE 401
BOCA RATON, FL 33431

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 date if applicable.

9. Capital Contributions as Shown on record. **\$501,220.00**

10. Amount of Capital Contributions in FLORIDA to date. **501,220**

MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

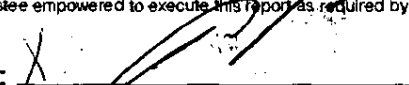
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000088635
NAME	TAMEAST, INC.
STREET ADDRESS	213-01 99TH AVENUE
CITY - ST - ZIP	QUEENS VILLAGE, NY 11429
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000016079020
CITY - ST - ZIP	04/15/03 01074--025 **535.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	M THOMAS
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:  DATE **4/9/03** (718) 740-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER