

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012790 AT

DOCUMENT # A99000000107

1. Entity Name
NORTH BEACH THREE, LTD.



FILED

03 MAR 31 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483

Mailing Address
75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483

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 65-0889444

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZENGAGE, JIM
75 N.E. 6TH AVENUE, SUITE 214
DELRAY BEACH FL 33483

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 Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,250,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000073252
NAME RETAIL CONCEPTS, INC.
STREET ADDRESS 75 NE 6TH AVENUE, SUITE 214
CITY-ST-ZIP DELRAY BEACH FL 33483

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # P98000040670
NAME IRONWOOD DEVELOPMENT CORP.
STREET ADDRESS 277 SE 5TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33483

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

3/3/03
-460

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jim Zengage President
Retail Concepts Inc. 3/28/2003

Date

Daytime Phone #

561
278-3100

CR2E003 (10/02)

STAPLE CHECK HERE