


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007209 AT

<b>DOCUMENT # A99000000385</b> 1. Entity Name <b>BEATRICE PENTEL FAMILY PARTNERSHIP, LTD</b>	
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FILED  
03 APR 11 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>682 BAYSHORE DR. DESTIN FL 32550</b>	Mailing Address <b>682 BAYSHORE DR. DESTIN FL 32550</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY MAY 1, 2003**

4. FEI Number <b>59-3623202</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>PENTEL, LAURANCE F 682 BAYSHORE DRIVE DESTIN FL 32541</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$3,000.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.
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**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
DOCUMENT #	<b>L01000005513</b>
NAME	<b>PENTEL L.L.C.</b>
STREET ADDRESS	<b>682 BAYSHORE DR</b>
CITY-ST-ZIP	<b>DESTIN FL 32550</b>
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	<b>300015765263</b> <small>04/11/03--01072--004 **141 25</small>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED <i>F. Pentel</i>	Date <b>4-7-03</b>	Daytime Phone # <b>850 837-6860</b>
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STAPLE CHECK HERE

CR2E003 (10/02)