2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

DOCUMENT # A9900000731 1. Entity Name BARAD LIMITED PARTNERSHIP				03 FEB 26 AM 10: 29	
Principal Place of Business 117 FOREST HILL BOULEVARD WEST PALM BEACH FL 33405		Mailing Address 117 FOREST HILL BOULE WEST PALM BEACH FL 3:		SECRETARY OF STATE TALLAHASSEE FLORIDA NJ	
2. Principal Place of Business		3. Mailing Address		TO STATE THE THE THE THE THE STATE FROM THE STATE OF THE STATE STA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
.City & State		City & State	<u> </u>	4. FEI Number 65-0917076 Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additiona	
	6. Name and Address of Current I	Registered Agent		Fee Required 7. Name and Address of New Registered Agent	
HENRY, THORNTON M			Name -	-	
505 SOU	TH FLAGLER DRIVE, SUITE 1100 LM BEACH FL 33401		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 \$3,000,000,000 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO EL DEDT OF CYSTER					
as Shown on record. 43,000,000-00 in FLORIDA to date.			nte.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF S SEE REVERSE SIDE FOR FEE INFORMATION	TATE N
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 # NAME	BARAD, WILLIAM L		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	117 FOREST HILL BOULEVARD WEST PALM BEACH FL 33405		CITY-ST-ZIP		
DOCUMENT # NAME			STREET ADDRESS		
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DOCUMENT # NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby ce indicated of the receive		is filing does not qualify for that my signature shall have the eport as required by Chapter	he exemption stated in Se e same legal effect as if m r 620, Florida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the informationade under eath; that I am a General Partner of the limited partnership.	on nip or

2/14/03 561-588-8560 Date Daytime Phone #