

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A99000000785 1. Entity Name SORKIN GROUP, LTD.	
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Principal Place of Business 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146	Mailing Address C/O R&S MGMT 5821 REDDMAN RD. CHARLOTTE NC 28212
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4/30

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

SORKIN, LAWRENCE
C/O R & S MANAGEMENT
7460 S.W. 48TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable)
 4721 University Drive
 City _____
 Coral Gables FL Zip Code 33146

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 4/21/02

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

9. Capital Contributions as Shown on record. \$4,691,123.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P99000044263 NAME NIKROS, INC. STREET ADDRESS 4721 UNIVERSITY DRIVE CITY-ST-ZIP CORAL GABLES FL 33146	STREET ADDRESS _____ CITY-ST-ZIP _____
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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** DATE 4/23/03 DAYTIME PHONE # 701/532 0750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #

STAPLE CHECK HERE

CR2E003 (10/02)