


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001769 AT

DOCUMENT # A99000000889 1. Entity Name THE MARK ANDREW OF THE PALM BEACHES, LTD.	
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FILED

03 APR 29 PM 12:46

MJH

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 2625 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	Mailing Address 2625 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407
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2. Principal Place of Business	3. Mailing Address	4/29		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 2003		
City & State	City & State	4. FEI Number 52-2172254	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, PHILLIP H III
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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 title if applicable.

9. Capital Contributions as Shown on record. \$900.00	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 #	P98000065184	STREET ADDRESS	
NAME	THE MARK ANDREW OF THE PALM BEACHES, INC.	CITY-ST-ZIP	100017231611 04/29/03--01017--016 **150.00
STREET ADDRESS	2625 NORTH FLAGLER DRIVE		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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** 4/25/03 (561) 835-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE