2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A9900001233 **DOCUMENT#**

1. Entity Name DOUGLAS Q. HOLDINGS, LTD.



Principal Place of Business 3101 NORTH FEDERAL HIGHWAY, SUITE 601 FORT LAUDERDALE FL 33306

2. Principal Place of Business

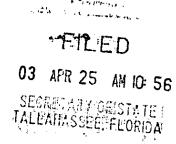
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc. -

Mailing Address 3101 NORTH FEDERAL HIGHWAY, SUITE 601

FORT LAUDERDALE FL 33306





DUE BY MAY 1, 2003

City & State			City & State			4. FEI Number	65-0940085	•	Applied For Not Applicable
Zip	Country		Zip	Coun	try	5. Certificate o	f Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
AMATURO, JOSEPH C					Name :				
3101 NORTH FEDERAL HIGHWAY, SUITE 601					Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33306									
					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 Fiorida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									
9. Capital Contributions as Shown on record. \$250,000.00 In FLORIDA to date					tributions 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			
STREET ADDRESS 3101 NORTH FEDERAL HIGHWAY, SUITE 601				STRE	ET ADDRESS				
				CITY	- ST-ZIP	700015318997 04/04/0301056014 **526.25			
NAME SIRFFI ADDRESS 3101 North Federal Highway, #601					ET ADDRESS	.			The state of the state of
					-ST-ZIP				
DOCUMENT # NAME				STRE	ET ADDRESS	h			
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STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP				
14. Thereby 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:

Daytime Phone #