

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012369 AT

DOCUMENT # A99000001562

1. Entity Name
POLARIS PARTNERS, LTD.



FILED

03 MAY -6 AM 9: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**321 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441**

Mailing Address
**321 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441**



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0965718	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLARIS LIGHTING INC 321 E. HILLSBOROR BLVD. DEERFIELD BEACH FL 33441			Name		
			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.

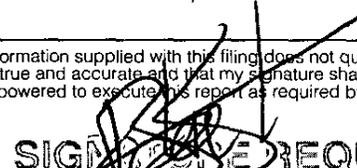
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	---

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 #	P99000078948	STREET ADDRESS	
NAME	POLARIS LIGHTING INC	CITY-ST-ZIP	
STREET ADDRESS	321 E. HILLSBOROR BLVD.		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		
DOCUMENT #		STREET ADDRESS	500018296425
NAME		CITY-ST-ZIP	05/06/03--01067--019 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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**

Date: **4/29/03** Daytime Phone #: **954-418-0208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CF2E003 (10/02)

STATE CHECK HERE