LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 49900000 1670 Progressive Investing Enterprises Ltd. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Po Box 29092 Suite, Apt. #, etc. **DUE BY MAY 1** Applied For mble Terrace, FL imple kerrace, Il Not Applicable \$8.75 Additional 5. Certificate of Status Desired_ Fee Required 7. Name and Address of Current Registered Agent JOSEF D. BECKMAN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 215 N. BANNOCKBURN AVE. IN THIS SPACE TEMPLE TERRACE, FL 33617 City Zip Code FL 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, lyoed or orinled name of registered agent and late if approaching the signature of the 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. \$ 50,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. A GENERÁL 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 DOCUMENT 4 P03000075457 STREET ADDRESS 900055656779 06/02/05--01030--009-**526.25 NAME MPBODU , INC. 7517, NW 1274 STREET ADDRESS 127th MANOY CR2E003B CITY ST 7IP CITY - ST - ZIE PAYKIAN PL \$3076 DOCUMENT # P03000075415 STREET ADDRESS NAME Equity Capital Ventures, Inc. STREET ADDRESS 215 Bannockburn Auc Temple Terrace, FL 3861 CITY ST-ZIP CITY ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY ST ZIP CITY ST-ZIP DOCUMENT # IN THIS SPACE STREET ACCRESS NAME STREET ADDRESS CITY ST ZIP CITY ST ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-SI- AP CITY-ST-ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not a indicated on this report is true and accurate and it is in y signifure. hily for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of A Chapter 620, Florida Statutes the receiver or trustee empowered to execut SIGNATURE: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING GENERAL PARTN