2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001703

1. Entity Name
BIG LOTS PLAZA LIMITED

FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE

Principal Place of Business	Mailing Address
666 SHERBROOKE ST. W., #2300 MONTREAL, QUEBEC, CANADA H3A 1E7,	666 SHERBROOKE ST. W., #2300 MONTREAL, QUEBEC, CANADA H3A 1E7,

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

DUE BY MAY 1, 2004

4. FEI Number 65-0954467 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERLOFF, JOHN W ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316	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. $850,000.00	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 #	P99000091192	STREET ADDRESS	1975 E. SUNRISE BLVD 6th.
NAME	BIG LOTS PLAZA CORP.	CITY-ST-ZIP	FT. LAUDERDALE FL-33304
STREET ADDRESS	1177 S.E. 3RD AVENUE		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500014408535
STREET ADDRESS			03/20/03--01027--021 **150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500014408535
NAME		CITY-ST-ZIP	06/04/03--01008--005 **275.25
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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: _____ 3/14/03. 954-525-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #