

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002400 AV

DOCUMENT # A99000001719 1. Entity Name FOUR M GROUP LIMITED PARTNERSHIP	
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FILED
03 FEB 28 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2151 N.W. 93RD AVE MIAMI FL 33172	Mailing Address 2151 N.W. 93RD AVE MIAMI FL 33172
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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, 2003	
4. FEI Number 65-0962309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOHATCH, JOHN S 2600 DOUGLAS RD, PH-8 CORAL GABLES FL 33134	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. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P99000087480 NAME MADIEDO HOLDINGS INC STREET ADDRESS 2151 SW 93RD AVE CITY-ST-ZIP MIAMI FL	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 400013172924 CITY-ST-ZIP 02/27/03 01077 012 **535.00
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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:  February 20, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE