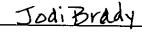
## 2003 LIMITED PARTNERSHIP Uniform Business Report (UBR)

DOCUMENT # A9900002157  1. Entity Name WRECKERS, LTD.						FILED 03 MAR -3 AM II:	
Principal Place of Business 7227 N.W. 74TH AVENUE MIAMI FL 33166			Mailing Address 7227 N.W. 74TH AVENUE MIAMI FL 33166		TACEAHASSE FOR THE		
2. Principal Place of Business			3. Mailing Address		-		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State			City & State		4. FE! Number 65-0975100	Applied For Not Applicable	
Zip			Zip			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	d Agent
DECUTIE	N DICHARD	^			Name	<del>1</del>	
10895 SV	n, richard V 69th cou		· · · · · · · · · · · · · · · · · · ·	Street Address (f		P.O. Box Number is Not Acceptable)	
miami fl	•		•				
				City			
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, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital in FLORIDA to date				fate.	SEE REVERSE SIDE FOR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the follows:  12. GENERAL PARTNER INFORMATION					UST BE REGIST an amendment	t must be filed to change a general pa	artner.
DOCUMENT #	D00000100		TIVEORMATION	13.	<del></del>	ADDRESS CHANGES O	NLY
NAME WRECKERS HOLDING, INC.			STP		ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	7227 N.W. MIAMI FL 3	74TH AVENUE 3166	· 	CITY-	ST-ZIP		
DOCUMENT # NAME				STREE	T ADDRESS		<del>.</del>
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP		9000132842 03/03/0301001002	279
DOCUMENT # -NAME:				STREE	T ADDRESS		<del>™ 191. db</del>
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP		
DOCUMENT # NAME				STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP	<u></u>			CITY-S	ST-ZIP		
DOCUMENT # NAME		•		STREET	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP		
DOCUMENT # NAME				STREET	T ADDRESS	M THO	MAS
STREET ADDRESS				CITY-S	ST. 7IP		•

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:** 





2/18/03

305.888.0111

ı —