2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B0000000294 1. Entity Name FALCON PERFORMANCE FUND, L.P.					FILED 03 APR 15 AM 7: 14			
Principal Place of Business 453 RIVERSIDE DR. STUART FL 34994			Mailing Address 453 RIVERSIDE DR. STUART FL 34994		<i>L.</i>	$1 - 2M^* U M^* T * \kappa_L$ = $-$	JH	
2. Principal P	ness	3. Mailing Address			415	# (
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & Stat	te		City & State			4. FEI Number 52-2288773 Applied Not App		
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	11	
6. Name and Address of Current Registered Agent					ļ	7. Name and Address of New Registered Agent	=	
FOGEL, MICHAEL					Name			
453 RIVERSIDE DR.					Street Address (F	s (P.O. Box Number is Not Acceptable)		
STUART F	FL 34994							
					City	FL Zip Code		
8. The above the obligat	named entititions of regist	y submits this statement fo tered agent	r the purpose of changing its	register	ed office or registere	red agent, or both, in the State of Florida. I am familiar with, and a	ccept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE								
9. Capital Contribution as Shown on record. 9. Capital Contribution as Shown on record. 9. Capital Contribution 10. Amount of Capital Contribution 10. Amo					butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF S		
&S SHOWITE	A	GENERAL PARTNER I	'HAT IS A BUSINESS EN	TITY M	UST BE REGIST	SEE REVERSE SIDE FOR FEE INFORMATION TERED AND ACTIVE WITH THIS OFFICE.	jn _	
12.	NOTE	: General Partners MA GENERAL PARTNER		ne form	; an amendment	at must be filed to change a general partner. ADDRESS CHANGES ONLY		
DOCUMENT #	110000000101010				EET ADDRESS	A DOMEST OF ANY OLD ONE.	$\neg \uparrow$	
NAME		anagement Group L	2		ET ADURESS			
STREET ADDRESS CITY-ST-ZIP	453 RIVERSIDE DR. STUART FL 34994			CITY	-ST-ZIP			
DOCUMENT # NAME					ET ADDRESS	40001000014		
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NAME STREET ADDRESS								
CITY-ST-ZIP			44.00		-ST-ZIP			
indicated	ertify that the on this repor	e information supplied with it is true and accurate and empowered to execute this	this filing does not qualify for that my signature shall have to steport as required by Chapt	the exer the same	mption stated in Sec e legal effect as if mi Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the informa nade under oath; that I am a General Partner of the limited partners	ship or	

SIGNATURE: MISHOULTERS INEQUILIBRIE 4-11-03 772-223-9684