2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

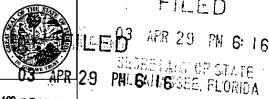
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1. Entity Name

Principal Place of Business

SIGNATURE

CHESTERFIELD PARK ASSOCIATES LIMITED PARTNERSHIP



Brasca Gonalda

4-21-03 813-889-8355 Date Daylime Phone #

Mailing Address
9051 FLORIDA MINING BLVD. STE. 100 SECRET A PROPERTY OF STATES TAMPA FL 33634

TALEATIAS SEE FLORIDA 9051 FLORIDA MINING BLVD., STE. 100 **TAMPA FL 33634** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Applied For FEI Number 59-2695875 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRACCHIOLO, SAM A JR. Street Address (P.O. Box Number is Not Acceptable) 2855 SOUTH CONGRESS AVENUE, SUITE A **DELRAY BEACH FL 33445** Zio Code 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 11. MAXE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$5,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. F97000005546 DOCUMENT # STREET ADDRESS CHESTERFIELD PARK CORPORATION NAME 2855 S. CONGRESS AVENUE, SUITE A STREET ADDRESS CITY-ST-ZIP 400017324584 04/29/03==01082==014 **\$26.25 **DELRAY BEACH FL 33445** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. Thereby 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 the stee empowered to execute this report as required by Chapter 620, Florida Statutes