

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

**DOCUMENT # B0100000295**

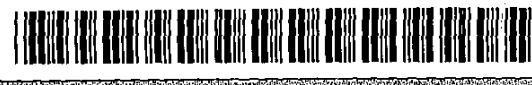
1. Entity Name  
**MENDOZA CAPITAL PARTNERS, LP**



**FILED**  
03 JUN -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 255 SOUTH ORANGE AVENUE, 17TH FLOOR ORLANDO, FL 32801	Mailing Address 255 SOUTH ORANGE AVENUE, 17TH FLOOR ORLANDO, FL 32801
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>12472 Lake Underhill Road</b> Suite, Apt. #, etc. <b>#308</b> City & State <b>Orlando - FL</b> Zip <b>32828</b> Country <b>USA</b>
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3717816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.**  
255 SOUTH ORANGE AVENUE, 17TH FLOOR  
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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. <b>\$7,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M0100001962 MENDOZA CAPITAL PARTNERS, LLC 12049 ASHTON MANOR WAY #309 ORLANDO, FL 32828</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>200020305812 06/02/03--01036--024 **150.00</b>
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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)(1), 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:** *[Signature]* **Mendoza Capital Partners LLC** 1 May 03 **407.247.3633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Caytime Phone #

STAPLE CHECK HERE

CRZE003 (10/02)