

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR -1 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B02000000016</b> 1. Entity Name <b>LOS ATREVIDOS LIMITED PARTNERSHIP</b>	
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Principal Place of Business <del>200 WEST MARCY</del> SANTA FE NM 87501	Mailing Address P.O. BOX 236 SANTA FE NM 87504-0236
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2. Principal Place of Business <b>23 Tano Road</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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**DUE BY MAY 1, 2003**

City & State	City & State
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4. FEI Number <b>85-6068644</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>87506</b>	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>EMA, CHRISTOPHER J</b> <b>2600 N.E. 14TH STREET CAUSEWAY</b> <b>POMPANO BEACH FL 33062</b>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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.

**400014962034**  
 04/01/03--01031--005 \*\*\$26.25

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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9. Capital Contributions as Shown on record. <b>\$216,075.96</b>
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10. Amount of Capital Contributions in FLORIDA to date.
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**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	<b>F02000000319</b>
NAME	<b>LOS ATREVIDOS, INC.</b>
STREET ADDRESS	<b>200 WEST MARCY</b>
CITY-ST-ZIP	<b>SANTA FE NM 87501</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>23 Tano Road</b>
CITY-ST-ZIP	<b>Santa Fe, NM 87506</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

<b>SIGNATURE:</b>		3-25-03	505-474-485
	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE

CR2E003 (10/02)