

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000390 AV

DOCUMENT # B02000000238

1. Entity Name
SAHARA CAPITAL MANAGEMENT GROUP L.P.

Principal Place of Business
2020 W. FAIRBANKS AVE., STE. 210
WINTER PARK FL 32789

Mailing Address
2020 W. FAIRBANKS AVE., STE. 210
WINTER PARK FL 32789



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 19 PM 3:01

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6/27



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 04 364 2296	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SEYLER, JEFFREY P 2020 W. FAIRBANKS AVE., STE. 210 WINTER PARK FL 32789			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. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P00000106514 SAHARA TRADING CO. 2020 W. FAIRBANKS AVE. WINTER PARK FL 32789	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700017822377
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	05/01/03--01048--008 **150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	700017822377
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	06/19/03--01024--025 **148.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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: SIGNATURE REQUIRED Jeffrey P. Seyler 24 Apr 03 407.622.1213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)