## **2003 LIMITED PARTNERSHIP**

UNIFORM	BUSINESS	REPORT	(UE	3
DOCUMENT #	B0200000	0405		_

1. Entity Name LONGBOAT FUND OF FUNDS, L.P.



Principal Place of Business 2711 CENTERVILLE ROAD STE. 400 WILMINGTON DE 19808

STAPLE CHECK HERE

SIGNATURE:

Mailing Address 2711 CENTERVILLE ROAD STE. 400 WILMINGTON DE 19808


SECRETARY OF STATE TALETAHASSEE, FLORIDA

2. Principal Pl	lace of Business Amismu Jail	3. Mailing Address 2 N-Tamia	ni Trail	*	1 (\$801/81 1011 \$811/0 11011 \$0111 BELLI	eic <b>20</b> 141 <b>018</b> 41 <b>0010</b> 1 <b>0</b> 141 1 <b>00</b> 1
Suite Apt # otc		~ 1200		DUE BY SEPTEMBER 24	1, 2003	
City & State	arusota FL	City & State Sarasola	FL		4. FEL Number 422 4633	Applied For Not Applicable
3423		Zip 3 4236	Country USA		5 Certificate of Status Desired	8.75 Additional ee Required
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered A	gent
}	TION SERVICE COMPANY			Jo	E Beasley P.Q. Box Number is Not Acceptable)	
	S STREET	<del></del>	SileetAd	<u>a 1</u>	V. Tamiani Irail	
TALLAHASSEE FL 32301-2525  Ste 1200						
			City -	Sar	asota FL	zpcod   34236
8. The above	named entity submits his statement for	the purpose of changing its	registered office or r		ed agent, or both, in the State of Florida. I am fa	miliar with, and accept
the obligati   (	ions of redistered agent.	,			9-00	22
SIGNATURE -	Masy				1723	-03
9. Capital Con	Signature, typed or printed name of registered agent at	10. Amount of Capita	Contributions	-	11. MAKE CHECK PAYABLE 1	IN EL DEDT NE STATE
as Shown		in FLORIDA to da			SEE REVERSE SIDE FOR	1
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 ONL	Y
DOCUMENT #		HACHENE LLA	STREET ADDRESS	7	11-	1 64 00
** E.	NAME LONGBOAT GLOBAL FUNDS MANAGEMENT, LLC.					
	417 12TH STREET STE. 213 BRADENTON FL 34205		CITY-ST-ZIP	C	rasota FL 34	721
DOCUMENT #	DIVIDENTIAL TEST		<del></del>	<u>ں ر</u>	9 20 30 PC 341	<u> </u>
NAME	٠		STREET ADDRESS			
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CITY-ST-ZIP			0111-31-2II			
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NAME STREET ADDRESS			-		<del>- 2000233498</del> 5	<del>                                      </del>
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>	03/25/0301112003 *	<u>*157.50</u>
DOCUMENT #						
NAME			STREET ADDRESS			
STREET ADDRESS	•		CITY-SI+ZIP		20002334983	
CITY-ST-ZIP					<u> 10/22/0301053014</u> *	<u>*768.75</u>
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CITY-ST-ZIP			CITY-ST-ZIP			M/Y
DOCUMENT #	<del> </del>	<del></del>	STREET ADDRESS			77
NAME			JUNEEL ADDRESS			<u> </u>
STREET ADDRESS   City-St-Zip	•		CITY-ST-ZIP			}
		Mr. Ellina de la companya del companya de la companya del companya de la companya			440 07/0VD Florid 0	6.44-4.4-1-6
indicated	ertify that the information supplied with to on this report is true and accurrate and the contract and the c	inis illing does not quality for hat my signature shall have t	tne exemption state he same legal effect	t as if m	ction 119.07(3)(I), Florida Statutes. I further certi ade under oath; that I am a General Partner of t	ty that the information he limited partnership or
the receive	er or trustee empowered to execute this	report as required by Chapt	er 620, Florida Statu	ites		

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER