## "2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## ARREDUSEL B9700000138 DOCUMENT # 1. Entity Name 03 FEB 17 AM 10: 14 GALEN VENTURES, L.P. SECRETARY OF STATE FAUEAHASSEE, FEORIDA Principal Place of Business 101 RICHARDSON STREET Mailing Address 101 RICHARDSON STREET BROOKLYN NY 11211 BROOKLYN NY 11211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 11-3368405 Applied For Zip Country Not Applicable Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent SLAVIN, DONALD 21225 BELLE CHASSE COURT Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 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. I am familiar with, and accept Zip Code SIGNATURE ame of registered agent and title if applicable. Contributions احد \$100.00 10. Amount of Capital Contributions **Ess** Shown on record. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. SEE REVERSE SIDE FOR FEE INFORMATION NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. F97000001279 DOCUMENT # ADDRESS CHANGES ONLY 1ST TEE CORP. NAME STREET ADDRESS CR2E003 (10/02) STREET ADDRESS 101 RICHARDSON STREET CITY-ST-ZIP **BROOKLYN NY 11211** CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 600012594276 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

SIGNATURE: 🚄

DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

12/02 561 487 0055