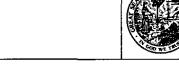
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| UNIFORM | BUSINESS REPURI | l |
|------------|-----------------|---|
| DOCUMENT # | B9700000155 | |

1. Entity Name LEEWARD ADVISORS L.P.



Principal Place of Business C/O CT CORPORATION SYSTEM 1209 ORANGE STREET WILMINGTON DE 19801

2. Principal Place of Business

Mailing Address C/O ADVISORY CAPITAL PARTNERS, INC. 1001 N. US HIGHWAY ONE, #503 JUPITER FL 33477

3. Mailing Address

O3 APR 24 PM 4: 3



| | | | 90 Advisory (| lapital Partu | thers | | |
|--|--------------------------------|--------------------------------|--|--|---|--|--|
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. 505 8 Flagler t | r.Suite 145 | DUE BY MAY 1, 2003 | | |
| City & Stat | te | | City & State West Palm Be | | 4. FEI Number 65-0729949 Applied For Not Applicable | | |
| Zip | Co | ountry | zip 33401 | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| | 6. Name and | Address of Current R | egistered Agent | | 7. Name and Address of New Registered Agent | | |
| C T COP | TOUR MOITAGO | | | Name | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | • | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | ON FL 33324 | DITOAD | | | · | | |
| FLAMMAII | 1011 I L 30324 | | | | • | | |
| | | | | City | FL Zip Code | | |
| | | | the purpose of changing its | registered office or re | registered agent, or both, in the State of Florida. I am familiar with, and accept | | |
| ine obligat | tions of registered : | agent. | | | 600016958776 | | |
| SIGNATURE | | · | | | 94/24/83 01051 003 _{Are} **526.25 | | |
| 9. Capital Co | | ed name of registered agent an | d title if applicable. 10. Amount of Capita | - Contributions | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE | | |
| as Shown | | 1,000,000.00 | in FLORIDA to da | ate. | SEE REVERSE SIDE FOR FEE INFORMATION | | |
| | A GENI NOTE: Gei | ERAL PARTNER TH | IAT IS A BUSINESS EN' NOT be changed on th | TITY MUST BE RE | REGISTERED AND ACTIVE WITH THIS OFFICE. ndment must be filed to change a general partner. | | |
| 12. | | GENERAL PARTNER | NFORMATION | 13. | ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME | F97000001039 LEEWARD INV | | | STREET ADDRESS | 505 South Flagter Dr Suite 1450 | | |
| STREET ADDRESS | 1001 N. US HI JUPITER FL 33 | GHWAY 1, #503 1477 | | CITY-ST-ZIP | 505 South Flagter Dr, Suik 1450 West Palm Beach FL 33401 | | |
| DOCUMENT # | | | | STREET ADDRESS | 1000 | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| DOCUMENT # | | <u> </u> | , | STREET ADDRESS | | | |
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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)(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 AND TYPED OR PRINTED MAME OF SIGNING GENERAL PARTNER

04/21/03

561-835-8395