


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020398 MB

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| DOCUMENT # B97000000284 |  |
| 1. Entity Name NORSTAR DEVELOPMENT USA, L.P. | |

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| Principal Place of Business 621 COWBOYS PKWY., SUITE 200 IRVING TX 75063 | Mailing Address 621 COWBOYS PKWY., SUITE 200 IRVING TX 75063 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 2180 STEELES AVE. W |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 305 |
| City & State | City & State CONCORD, ON |
| Zip | Country CA |

| | |
|---|--|
| DUE BY MAY 1, 2003 | |
| 4. FEI Number 75-2703932 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent |
| HENDERSON, THOMAS N III |
| HILL, WARD, & HENDERSON |
| 100 E. KENNEDY BLVD., SUITE 3700 |
| TAMPA FL 33602 |

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| 7. Name and Address of New Registered Agent |
| 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.

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| 9. Capital Contributions as Shown on record. \$990.00 | 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 | |
|---------------------------------|--|
| DOCUMENT # | F97000002991 |
| NAME | NORDEV, INC. |
| STREET ADDRESS | 17440 DALLAS PARKWAY, SUITE 110 |
| CITY - ST - ZIP | DALLAS TX 75287 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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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 REQUIRED** **NEIL BROWN** 03/12/03 905-738-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)