

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021570 IN

DOCUMENT # B97000000309
 1. Entity Name
RICHMOND NORSTAR USA, L.P.

FILED
 SECRETARY OF STATE
 OF CORPORATIONS
 03 JAN 24 AM 9:38
 WY/28

Principal Place of Business
**621 COWBOYS PKWY., SUITE 200
 IRVING TX 75063**

Mailing Address
**2180 STEELES AVENUE WEST, SUITE 305
 CONCORD, ONTARIO CANADA L4K -2Z5**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2003

4. FEI Number **75-2665750**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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.

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

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 #	F97000003131
NAME	PLANO NORSTAR CORP.
STREET ADDRESS	621 COWBOYS PKWY., SUITE 200
CITY-ST-ZIP	IRVING TX 75063
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100010575751
CITY-ST-ZIP	01/23/03--01080--004 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
NEIL BROWN
 Date: _____ Daytime Phone #: **16163905-738-0754**

CR2E003 (10/02)