2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P98000087999 DOCUMENT

1. Entity Name

Principal Place of Business

ELIZABETH BLAIR, LTD., INC.



Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90170 013 ***150.00

2. Principal Place of Business 3. Mailing Address 5. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State Country S. Certificate of Status Desired S. 75 Additional Foe Required Fee Required Fee Required S. 75 Additional Fee Required S. 75 Additio		race of Busine			300 HIMMARSHEE ST. STE 5 FORT LAUDERDALE FL 33312							4114 (411 146 1
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.		#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KIRBY, ELIZABETH B 300 HIMMARSHEE ST, STE 5 FORT LAUDERDALE FL 33312 City City FL Zip Code City FL Zip Code City FL Zip Code ONTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the ill applicable. SIGNATURE FILE NOW!!! FEE IS 150.00 After May T, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D CHANGE KIRBY, ELIZABETH B 300 HIMMARSHEE ST, STE 5 FORT LAUDERDALE FL 33312 TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete	City & State	e	City	City & State				65-0272250 H				
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8. The above named entry stability 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 and title if applicable. SIGNATURE		-							100			
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: