


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000001696		
1. Entity Name THE TRUSLER FAMILY LIMITED PARTNERSHIP		
Principal Place of Business 4010 W. SAN RAFAEL ST. TAMPA FL 33629	Mailing Address 4005 W. LAUREL ST., STE. 230 TAMPA FL 33607	

FILED

MJH

03 APR 18 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business 3242 HENDERSON BLVD	3. Mailing Address 3242 HENDERSON BLVD
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301
City & State TAMPA, FL 33609	City & State TAMPA FL
Zip 33609	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-3597812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLAWS, MAGNUS JR.
3242 HENDERSON BLVD., SUITE 301
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
700016231917

04/18/03--01011--004 **526.25

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. \$2,000,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TRUSLER, GENEVA M TRUSTEE	STREET ADDRESS	3242 HENDERSON BLVD., STE 301
NAME	4010 W. SAN RAFAEL ST.	CITY - ST - ZIP	TAMPA FL 33609
STREET ADDRESS	TAMPA FL 33629	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *MAAGURE W. ZAMPA* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **4/10/03** Daytime Phone # **813-875-1040**

STAPLE CHECK HERE

CR2E003 (10/02)