2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 MAY 28 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001097

1. Entity Name
INSOFT/BALD ROCK LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
6223 VISTA VERDE W. GULFPORT FL 33707	6223 VISTA VERDE W. GULFPORT FL 33707

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3737763 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERSONAL ENVIRONMENTS BY SHIRLEY, INC. 8069 - 13TH AVENUE SOUTH ST. PETERSBURG FL 33707	Name: Personal Environments by Shirley, INC. Street Address (P.O. Box Number is Not Acceptable): 6223 VISTA VERDE WEST City: Gulfport FL Zip Code: 33707

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$250,913.00	250,913	

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 #	P95000010327	STREET ADDRESS	6223 Vista Verde West
NAME	PERSONAL ENVIRONMENTS BY SHIRLEY, INC.	CITY-ST-ZIP	Gulfport Florida 33707
STREET ADDRESS	8069 - 13TH AVENUE SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		
DOCUMENT #		STREET ADDRESS	300016819043
NAME		CITY-ST-ZIP	04/24/03--01005--022 **446.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300016819043
STREET ADDRESS			05/28/03--01062--020 **88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: X Joseph Insogna SIGNATURE REQUIRED Joseph Insoft MBX 4-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #