

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016315 AT

DOCUMENT # A01000001453

1. Entity Name
ACS FAMILY LIMITED PARTNERSHIP, LTD.



FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business % EMIL C. MARQUARDT, JR., ESQUIRE 625 COURT ST., SUITE 200 CLEARWATER FL 33756	Mailing Address P.O. BOX 1293 TARPON SPRINGS FL 34688
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2. Principal Place of Business 321 HIGH ST.	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State TARPON SPRINGS FL	City & State
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4. FEI Number 59-3753121	Applied For
	Not Applicable

Zip 34689	Country USA	Zip	Country
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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

**MARQUARDT, EMIL C JR, ESQ
625 COURT STREET
SUITE 200
CLEARWATER FL 33756**

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.

900015214419
04/17/03--01056--017 **437.50

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	P01000103986
NAME	ACS GENERAL PARTNERS, INC.
STREET ADDRESS	4875 ALT. HIGHWAY 19 SOUTH
CITY-ST-ZIP	TARPON SPRINGS FL 34689
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	321 High St
CITY-ST-ZIP	Tarpon Springs, FL 34689
STREET ADDRESS	
CITY-ST-ZIP	900015214419 05/20/03--01056--002 **88.75
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 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: TERESA A. COLEMAN **TERESA A. Coleman** 4/12/03 (727)937-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (10/02)

STAPLE CHECK HERE