

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000592

1. Entity Name
MINTON ASSET MANAGEMENT, LLLP



FILED

2003 MAY 14 PM 2:22

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
22 FOX HEDGE ROAD
SADDLE RIVER, NJ 07458

Mailing Address
C/O MICHAEL W. FISHER
ONE INDEPENDENT DRIVE, SUITE 2600
JACKSONVILLE, FL 32202



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 03-0432587	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISHER, MICHAEL W ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE, FL 32202			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. \$1,000.00	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 #	P02000042015	STREET ADDRESS	
NAME	MINTON FAMILY INVESTMENTS, INC.	CITY - ST - ZIP	400018945224
STREET ADDRESS	22 FOX HEDGE ROAD		05/14/03--01062--003 **141.25
CITY - ST - ZIP	SADDLE RIVER, NJ 07458		
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STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

CRZE003 (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: Marion Minton April 30, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Marion Minton, President of Minton Family Investments, Inc. Daytime Phone #