## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

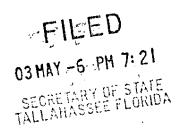
חחכו	JMENT	# Д	040	<u>107</u>
DOO		# /	$\mathbf{U}$	$\mathcal{O}_{I}$

1. Entity Name ZEPHYRHILLS, LTD.



Principal Place of Business 500 SOUTH FLORIDA AVE.. SUITE 700 LAKELAND FL 33801

Mailing Address P.O. BOX 5252 LAKELAND FL 33807



MJH

2. Principal Place of Business		3. Mailing Address			T 1991071 COLI BELLI SCOLE BOLLI COLLI COLLI CION BIBLI SCOLE BIBLI SCOLE BIBLI SCOLE BIBLI SCOLE BIBLI SCOLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 200	03	
City & State		City & State			4. FEI Number 31-6162272	Applied For Not Applicable
Zip	Country	Zip	Country		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			
MCFARLANE, PETER A. 500 SOUTH FLORIDA AVE., SUITE 715		,	Name Street Address	s (P.O. Box Number is Not Acceptable)		
LAKELAND F			٠			
			>	City	FL	Zip Code
	ned entity submits this statement for registered agent.	or the purpose of changin	ng its registere	ed office or regist	ered agent, or both, in the State of Florida. I am fe	amiliar with, and accept

SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions

\$0.00 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

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 / P29845  A & M PROPERTIES, INC.	STREET ADDRESS	
STREET ADDRESS 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND FL 33801	CITY-ST-ZIP	
DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 457457457	<del>i0: 00</del>
DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 05708/03-01883-9123 *** TS	
DOCUMENT # NAME	STREET ADDRESS	
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DOCUMENT # NAME	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT # NAME	STREET ADDRESS	1475.
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

SIGNATURI

4/25/03