

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020242 MB

DOCUMENT # A12831



FILED

2003 APR 21 PM 1:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. Entity Name
GEORGIA ARMS, LIMITED

Principal Place of Business
C/O KEY MANAGEMENT COMPANY
155 N. MARKET, STE. 800
WICHITA KS 67202

Mailing Address
125 N. MARKET, #1510
WICHITA KS 67202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 48-0938380

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

A.G.C. CO.
2300 SUN BANK CENTER
200 SOUTH ORANGE AVENUE
ORLANDO FL 32801

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

9. Capital Contributions as Shown on record. **\$730,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	831819
NAME	THE LAW COMPANY, INC.
STREET ADDRESS	345 RIVERVIEW
CITY-ST-ZIP	WICHITA KS 67203
DOCUMENT #	F94000006139
NAME	KEY MANAGEMENT COMPANY
STREET ADDRESS	155 N. MARKET, STE. 800
CITY-ST-ZIP	WICHITA KS 67202
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600016398346
CITY-ST-ZIP	04/21/03 01066 016 #526.25
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: WIGOREY REE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/03 316 204 1860
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE