407-622-1700 Daytime Phone #

2003 LIMITED PARTNERSHIP

STAPLE CHECK HERE

SIGNATURE:

UNIFORM BUSINESS REPORT (UBM)											
DOCU  1. Entity Nan BATTAG	# <b>A18003</b> RTIES, LTD.	3				O3 MAY	LED -5 PH 5: 0	5			
Principal Place of Business Mailing Address P.O. 8OX 3010 WINTER PARK FL 32789 WINTER PARK FL 32790-3010							SECRE? TALLAH	ARY OF STA ASSEE FLOR	IDA IDA		
2. Principal F	pcc	3. Mailing Address		<del></del> _							
250 South Park Avenue							56				
Suite, Apt.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & Stat		FL ·	City & State				4. FEI Number 59-2153160 Applied For Not Applicable				
Zip 32789	·	Country US	Zip Countr		ry	5. Certificate of Status Desir			SR 75 Additional		
	and Address of Current I	Registered Agent				7. Name and Address of	New Registered A	gent			
BATTAGLI				~Name~							
250 PARK AVENUE SOUTH, STE. 630							P.O. Box Number is Not Acce	eptable)			
WINTER PARK FL 32789					250 South Park Avenue						
MHAICH LWUV LF 25102					Suit	e 630	)				
•					City			FL		Code	
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.</li> </ol>										789 ith, and accept	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable.											
9. Capital Co as Shown	on record.	\$2,605,000.00	SEE F	CHECK PAYABLE 1 REVERSE SIDE FOR	FEE IN	,					
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						ADDRESS CHANGES ONLY					
DOCUMENT # NAME		A FRUIT CO., INC AVENUE SOUTH, STE.	620	STREE	T ADDRESS	P. O. Box 3010					
STREET ADDRESS CITY-ST-ZIP		ARK FL 32789			CITY-ST-ZIP Wint		er Park, FL 327	790-3010			
DOCUMENT # NAME				STREE	T ADDRESS		<b>70001:</b> 05/05/03010	800310 187013	リア 変写26	ος	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER