2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Mailing Address 2317 RIVER RIDGE ROAD

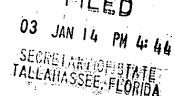
A22687 DOCUMENT

1. Entity Name
HONTOON LANDING MARINA LIMITED PARTNERSHIP

Principal Place of Business 2317 RIVER RIDGE ROAD



FILED SECRETATION STATE



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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 59-2683611 Applied For Not Applied For	
Zip Country Zip		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent		·-	7. Name and Address of New Registered Agent	
STOMBER 32444 RA DELAND	NCHERO R	OAD			Name Street Address (P.O. Box Number is Not Acceptable)		
DEDAND	FL-32720					FL Zip Code	
3. 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	Signature, typed	or printed name of registered agent	and title if applicable.			DATE	
9. Capital Co as Shown	on record.	\$3,245,984.00	10. Amount in FLOF	t of Capital Contrib RIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A (NOTE:	GENERAL PARTNER 1 General Partners MA	THAT IS A BUSINI AY NOT be change	ESS ENTITY MI ed on the form	UST BE REGI	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.	
12.		GENERAL PARTNER	RINFORMATION	13,		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	P94000092 HONTOON 1300 GARI	1974 I MANAGEMENT CORF DINER LANE, SUITE 9	PORATION	STREE	ET ADDRESS		
CITY-ST-ZIP		E KY 40213		CITY-	ST-ZIP	200010086792 01/14/0301085018 **526.25	
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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: _

WILLIAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER