


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015897 AT

DOCUMENT # A30337

1. Entity Name
OSPREY PARTNERS, L.P., LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 28 AM 9:50



Principal Place of Business
**400 PALMETTO AVE.
OSPREY FL 34229**

Mailing Address
**400 PALMETTO AVE.
OSPREY FL 34229**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DUE BY MAY 1, 2003

4. FEI Number **65-0169391** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATSON, J. RICHARD
400 PALMETTO AVE.
OSPREY FL 34229

7. Name and Address of New Registered Agent

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. **\$0.00**

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 # | NAME | STREET ADDRESS | |
| | MATSON, J. RICHARD | | |
| | 400 PALMETTO AVE. | CITY-ST-ZIP | |
| | OSPREY FL | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| | | | |
| | | CITY-ST-ZIP | |
| | | | |
| | | | 000014853900 |
| | | | 03/28/03--01010--002 **141.25 |
| DOCUMENT # | NAME | STREET ADDRESS | |
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| DOCUMENT # | NAME | STREET ADDRESS | |
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| | | CITY-ST-ZIP | |
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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: *[Signature]* **3/25/03** **941 966 5224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)