

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A93000000749



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
RAYSAL LIMITED PARTNERSHIP

Principal Place of Business
**405 SEVENTH ST., S.E.
JASPER FL 32052**

Mailing Address
**POST OFFICE BOX 232
JASPER FL 32052**

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 **59-3197958**

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

**CAMP, JOHN C
405 SEVENTH ST., S.E.
JASPER FL 32052**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

500016080535
04/15/03--01087--002 **535.00
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. **\$1,500,000.00**

10. Amount of Capital Contribution in FLORIDA to date. **\$1,500,000.00**

**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 **CAMP, JOHN C**
STREET ADDRESS **405 SEVENTH ST., S.E.**
CITY-ST-ZIP **JASPER FL 32052**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **CAMP, ERCEL A**
STREET ADDRESS **405 SEVENTH ST., S.E.**
CITY-ST-ZIP **JASPER FL 32052**

STREET ADDRESS

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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: *John C. Camp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/03 386-792-2951
Date Daytime Phone #

2951

CR2E003 (10/02)