


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006769 AT

FILED
-03 APR -2- AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001222 1. Entity Name BERKSHIRE PARTNERS (1996), LTD.	
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Principal Place of Business 2019 CENTRE POINTE. BLVD., STE. 101 TALLAHASSEE FL 32308	Mailing Address 2019 CENTRE POINTE. BLVD., STE. 101 TALLAHASSEE FL 32308
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 59-3388029	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOTTICE, H. JAY 2019 CENTRE POINTE. BLVD., STE. 101 TALLAHASSEE FL 32308	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.

All capital contributions returned to partners

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

9. Capital Contributions as Shown on record. \$360,000.00	10. Amount of Capital Contributions in FLORIDA to date. 0	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P96000054982	STREET ADDRESS	
NAME	BERKSHIRE (1996), INC.	CITY-ST-ZIP	100015048271
STREET ADDRESS	2019 CENTRE POINTE. BLVD., STE. 101		04/02/03--01008--023 **141.25
CITY-ST-ZIP	TALLAHASSEE FL 32308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *[Signature]* **BERKSHIRE (1996), Inc.** Date: **2/26/03** Daytime Phone #: **850-386-2117**

CR2E003 (10/02)