


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014667 AT

DOCUMENT # A97000001599 1. Entity Name ALBRITTON & SONS, LTD.	
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FILED

03 APR 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business NO. 3 ALBRITTON ROAD ALTURAS FL 33820	Mailing Address P.O. BOX 256 ALTURAS FL 33820
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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 59-0963348	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
ALBRITTON, NICHOLAS F NO. 3 ALBRITTON ROAD ALTURAS FL 33820	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$252,510.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	ALBRITTON, NICHOLAS F TRUSTEE	STREET ADDRESS	
NAME	PO BOX 255	CITY-ST-ZIP	
STREET ADDRESS	ALTURAS FL 33820		
CITY-ST-ZIP			
DOCUMENT #	ALBRITTON, DALE E TRUSTEE	STREET ADDRESS	800017607608
NAME	PO BOX 222	CITY-ST-ZIP	04/30/03 03007 004 4:526.25
STREET ADDRESS	ALTURAS FL 33820		
CITY-ST-ZIP			
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: Nicholas F. Albritton DATE: 4/23/03 DAYTIME PHONE: 863-537-1343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nicholas F. Albritton, General Partner

CR2E003 (10/02)