## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A9700002019

1. Entity Name

Principal Place of Business 1015 BLUEWATER DRIVE

SUN CITY CTR FL 33573

SIGNATURE:

RANDOLPH ENTERPRISES OF TENNESSEE, LTD.

Mailing Address 1015 BLUEWATER DRIVE SUN CITY CTR FL 33573

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SECRETARY OF STATE

2. Principal Place of Business 915 EL RANCHO		3. Mailing Address 915 EC	RANCH	ا م!	T SERVERN TOLE FORM FORM FORM DEFIT BOUND BORN BOUND HEALD HAND HEALD HAND FORM			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DUE BY MAY 1,	2003	
City & Star ろいん	CITY CENTER, FZ	City & State SUN City	CENTER	.FZ	4. FEI Numbe	59-3478912	Applied For Not Applicable	
Zip 335	73 Country	Zip 33513	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								
	PH, WINSTON D	-	Name					
1015 BLUEWATER DRIVE Street Address (P.O. Box Number is Not Acceptable)								
	CTR FL 33573		5 EL RANCHO					
City CENTER FL Zip Code 33573								
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
The state of the s								
SIGNATURE			medan		Vand	olth	3/6/03	
	Signature, typed or printed name of registered agent an	d title if applicable.				DATE		
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATI 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		13.			ADDRESS CHANGES O		
DOCUMENT #	P97000075879	<u> </u>				, <u></u>		
NAME	RANDOLPH ENTERPRISES, INC.		STREET ADDRESS	91	5 EL	RANCHO		
STREET ADDRESS	1015 BLUEWATER DRIVE					7 11.10		
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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