

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018626

DOCUMENT # B99000000034 1. Entity Name THE BOTSFORD FAMILY LIMITED PARTNERSHIP	
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FILED
Apr 02, 2003 8:00 A.M.
Secretary of State

Principal Place of Business 1130 EAST COLLINWOOD CIRCLE OPELIKA AL 36801	Mailing Address 1130 EAST COLLINWOOD CIRCLE OPELIKA AL 36801
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 63-1212826	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BOTSFORD, THOMAS M III 721 NORTH 19TH AVENUE PENSACOLA FL 32501	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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. \$294,000.00	10. Amount of Capital Contributions in FLORIDA to date. 294,000	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 #	G98327000157	STREET ADDRESS	
NAME	THE BOTSFORD MANAGEMENT TRUST	CITY-ST-ZIP	
STREET ADDRESS	1130 EAST COLLINWOOD CIRCLE	STREET ADDRESS	400015167374
CITY-ST-ZIP	OPELIKA AL 36801	CITY-ST-ZIP	04/02/03--01031--022 **526.25
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas M. Botsford*
Thomas M. Botsford, Gen. Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **3/27/03** Daytime Phone #: **(334) 745-5017**

STAPLE CHECK HERE

CR2E003 (10/02)