## **2003 LIMITED PARTNERSHIP**

UN	IFOR	W.BO2INE	:55 KEP	OKI (I	nrk)	_	٠.			8
DOCU 1. Entity Nam SECRET			0000968	03	FILED 03 JAN 23 AM 10:00					
Principal Place of Business 100 FIRST AVE., S., SUITE 115 ST. PETERSBURG FL 33701			Mailing Address 100 FIRST AVE S., SUITE 115 ST. PETERSBURG FL 33701			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	Place of Busin	ess	3. Mailing Addres	s			1867 BOOM OBIOT BOOM OBIOT	<b></b>		ıl
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State	City & State			4. FEI Number 59-3687069 Applied For Not Applicable			_
Zip Country			Zip	Cour	ntry	5. Certificate of	of Status Desired		3.75 Additional Required	JIE
	6. Name	and Address of Current	Registered Agent			-7. Name and	Address of New Reg	istered Age	ent	_
ATT ANITIO	INDECTME	NIT HOLDINGS INC			Name					
ATLANTIS INVESTMENT HOLDINGS, INC.  100 FIRST AVE., S., SUITE 115					Street Address (P.O. Box Number is Not Acceptable)					
ST. PETERSBURG FL 33701					City FL Zip Code					
	named entity	y submits this statement fo	or the purpose of chan	eging its register	ed office or registe	ered agent, or both	, in the State of Florid	!	iliar with, and acce	ot
SIGNATURE -		or printed name of registered agent	and tills it applies to					DATE	<u> </u>	
9. Capital Co	ontributions	\$5,000,000.00	10. Amount	of Capital Contri DA to date.	ibutions			PAYABLE TO	FL. DEPT. OF STAT EE INFORMATION	E
		GENERAL PARTNER General Partners M							er.	7
12.		GENERAL PARTNE		13.			ADDRESS CHAN			┨`、
DOCUMENT # NAME STREET ADDRESS		Lv				0- F175t	-Avenue		0+h#115	3RZE003 (10/02)
CITY-ST-ZIP		RSBURG FL 33701		CITY	Y-ST-ZIP	St. Petersburg, FL 3370			33701	ZEOX
DOCUMENT # NAME				STR	EET ADDRESS					_  <u> </u>
STREET ADDRESS CITY-ST-ZIP			<del></del>	CITY	r-st-zip	80	<del>901012</del>	<del>:303</del>	<del>0</del>	_   .
NAME				STR	EET ADDRESS	01/15/	<del>901012</del> 03010130	Ĵ09 <b>*</b> *	446, 25	
CITY-ST-ZIP				CITY	Y-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS				STR	EET ADDRESS	80 <del></del>	1001012 <del>103-01084-</del>	2303 -001 *	81 <del>2</del> 1 <b>1</b> 88 75	
CITY-ST-ZIP		•		CITY	r-ST-ZIP	*				
DOCUMENT # NAME STREET ADDRESS				STR	EET ADDRESS					_
CITY-ST-ZIP				CITY	Y-ST-ZIP		-			4
DOCUMENT # NAME				STRI	EET ADDRESS					

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

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP