

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004325 AV

DOCUMENT # A32242		
1. Entity Name SECOND CUMBERLAND AVENUE PARTNERS, LTD.		

FILED
03 MAY -5 PM 7:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602	Mailing Address % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 59-3095118	Applied For Not Applicable

6. Name and Address of Current Registered Agent	
ROWE, RICK D 100 MADISON STREET, SUITE 200 TAMPA FL 33602	

7. Name and Address of New Registered Agent	
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.

SIGNATURE	DATE
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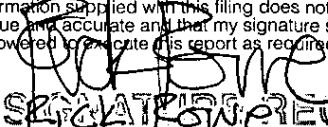
9. Capital Contributions as Shown on record. \$179,370.00	10. Amount of Capital Contributions in FLORIDA to date. 179370.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY 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	
DOCUMENT #	M75464
NAME	ROWE INVESTMENTS, INC.
STREET ADDRESS	100 MADISON STREET #200
CITY-ST-ZIP	TAMPA FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	000010005720
CITY-ST-ZIP	05/05/03--01053--011 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED	04.29.03	813.221.8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

CR2E003 (10/02)