CR2E003 (10/02)

2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # A0000000179				The War of the Control of the Contro	
1. Entity Name MONROE MANOR INVESTMENTS, LTD.		FILED			
Principal Place of Business Mailing Address			EIRE	03 APR 21 PM 1:18	
701 FISK STREET. SUITE 110	701 FISK STREET, SUITE 110 JACKSONVILLE FL 32204				
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204				SECTIARY OF SOME	
C. Principal Place of Queinone	3. Mailing Address				
701 Riverside Park Place 701 Riverside		le Park 1	Park Place		
Suite, Apt. #, etc. Suite 110 Suite, Apt. #, etc. Suite 110				DUE BY MAY 1, 2003	
City & State City & State Jacksonville, Florida Jacksonville		Feorid	4. FEI Number 59-3621458 Applied For Not Applieable		
Zip Country	Zip Country		5. Certificate of Status Desired	\$8.75 Additional	
32204 USA 6. Name and Address of Current F	32204 Registered Agent	USA		7. Name and Address of New Registered	Fee Required d Agent
YONG, FRANK J		Name			
701 FISK STREET, SUITE 110			Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32204		, –	701 Riverside Park Place Suite 110		
		City	City Zip Code		
8. The above named entity submits this statement for the purpose of changing its registr			cksons or registere	ed agent, or both, in the State of Florida. I ar	n familiar with, and accept
the obligations of registered agent. 30016338483 04/21/0301005024 **526 25					l83
SIGNATURE					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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 INFORMATION		13.		ADDRESS CHANGES O	
OCCUMENT # P0000007457 IAME HINSON STONER, INC.		STREET ADDRESS	TREET ADDRESS 701 Riverside Park Place Suite 110		
STREET ADDRESS 701 FISK STREET, SUITE 110	701 FISK STREET, SUITE 110				
CITY-ST-ZIP JACKSONVILLE FL 32204			Jacr	ksonville Florida 32204	
NAME	ľ	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
DOCUMENT # NAME					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP			
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DOCUMENT # NAME		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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER H:WSON 4-16-03 904-609-9006
Date Daylime Phone # SIGNATURE