2003 ANNUAL REPORT
UNIFORM LIMITED PARTNERSHIP REPORT (LPR)

A00000000199

DOCUMENT # A00000000199

1. Entity Name
ROOD.FAMILY LIMITED PARTNERSHIP

FILED
03 NOV 26 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
200 PIERCE STREET TAMPA FL 33602	200 PIERCE STREET TAMPA FL 33602

2. Principal Place of Business	3. Mailing Address
200 Pierce Street	200 Pierce St
Suite, Apt. #, etc.: Suite 2B	Suite, Apt. #, etc.: Suite 2B
City & State: Tampa FL	City & State: Tampa FL
Zip: 33602 Country: Hillsborough	Zip: 33602 Country: Hillsborough

DUE BY SEPTEMBER 24, 2003

4. FEI Number 59-3622891 ☐ Applied For ☐ Not Applicable

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
ROOD, EDWARD C 200 PIERCE STREET TAMPA FL 33602 New address only	Name Street Address (P.O. Box Number is Not Acceptable): 200 Pierce St Suite 2B City: Tampa FL Zip Code: 33602

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	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,000,000.00	5,063,593	

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 #		STREET ADDRESS	
NAME	ROOD, EDWARD B	CITY-ST-ZIP	
STREET ADDRESS	200 PIERCE STREET		
CITY-ST-ZIP	TAMPA FL 33602		
DOCUMENT #		STREET ADDRESS	
NAME	ROOD, EDWARD C	CITY-ST-ZIP	
STREET ADDRESS	200 PIERCE STREET		
CITY-ST-ZIP	TAMPA FL 33602		
DOCUMENT #		STREET ADDRESS	800023405478 09/29/03--01098--018 **926.25
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NAME		CITY-ST-ZIP	REINSTATEMENT 2003
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME		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 9-22-03 813-229-6591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

0001446 AT

CR2E003 (4/03)