2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A0000000661 **DOCUMENT#**

1. Entity Name

Principal Place of Business 1766 ENSENADA SIETE

PENSACOLA BEACH FL 32561

OATES FAMILY LIMITED PARTNERSHIP



Mailing Address 1766 ENSENADA SIETE PENSACOLA BEACH FL 32561 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Address Mailing Address					
Suite, Ap		Suite, Apt. #, etc.	es Riverik	<u> </u>	
,	-	Suite, Apt. #, etc.	-	DUE BY MAY 1, 2003	
City & Sta	Breeze FL	City & State		4. FEI Number 59-3644325 Applied For	
Zip	Country	GUH Bre	eze. Fi	Not Applicable	
3256	<u>usa</u>	32566	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
ļ	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent	
OATES, ARTHUR R			Name	· · · · · · · · · · · · · · · · · · ·	
1766 ENSENADA SIETE			Street Address (P.O. Box Number is Not Acceptable)		
PENSAC(DLA BEACH FL 32561		·-··	000013636620	
			City	Zip Code	
8. The above the obligation	e named entity submits this statement for titions of registered agent.	the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions j, 000,000. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION.					
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENT	ITV MIJET DE DE	EGISTERED AND ACTIVE WITH THIS OFFICE. dment must be filed to change a general partner.	
12.	GENERAL PARTNER I	NFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT #	L00000002530				
NAME	OATES MANAGEMENT, L.L.C.		STREET ADDRESS	520 James River Road	
STREET ADDRESS CITY-ST-ZIP	1766 ENSENADA SIETE PENSACOLA BEACH FL 32561		CITY-ST-ZIP	Bulf Breeze, FL 32561	
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NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		·	CITY-ST-ZIP		
14. I hereby ce indicated of the receive	ertify that the information supplied with this on this report is true and accurate and that or or trustee empowered to accurate and the	s filing does not qualify for the t my signature shall have the	e exemption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information s if made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE: