2003 LIMITED PARTNERSHIP

A00000000677 **DOCUMENT #**

1. Entity Name C.R. BASS, LTD.

Principal Place of Business POST OFFICE BOX 652 EAST PALATKA FL 32131

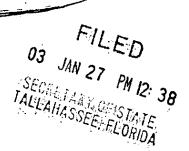
2. Principal Place of Business

Mailing Address POST OFFICE BOX 652 EAST PALATKA FL 32131

3. Mailing Address

Suite, Apt. #, etc.







DUE BY MAY 1, 2003

Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
Oit & Chata		City & State	City & State			4. FE! Number 59-3640011			
City & State								Not Applicable	
Zip	ip Country Zip		Country		5. Certificate of Status Desired				
6 Name and Address of Current Registered Agent				7,-Name and Address of New Registered Agent					
				Name					
_BASS, DAN	IIEL R			Street Address	(P.O. Box Number is	Not Acceptable)			
121 PALM TRAIL									
EAST PALA	NTKA FL-32131				- · <u> </u>		e . - -		
				City			FL	Zip Code	
				1 '		us - Chata of Florida		iliar with and accept	
8. The above the obligation	named entity submits this statement ons of registered agent.	it for the purpose of changi	ing its register	ed office or regist	ered agent, or bour, i	Title State of Florida.	, , , , , , , , ,		
SIGNATURE -		and title if applicable					DATE		
9. Capital Contributions \$183,086.23 10. Amount of Capital Contributions				183 086.23 SEE REVENSE SIDE FOR TEE INTO CHIMACION					
as Shown o				WAT BE BECL	CTEDED AND AC	IVE WITH THIS O	FFICE.		
	A GENERAL PARTNE NOTE: General Partners	MAY NOT be changed	on the form	n; an amendm	ent must be filed t			3 r	
12.	GENERAL PART	NER INFORMATION	13.			ADDRESS CHANGE	SUNLY		
DOCUMENT #	L0000004647			REET ADDRESS					
NAME	D.R. BASS, L.L.C.								
STREET ADDRESS	121 PALM TRAIL		CIT	Y-ST-ZIP	`,				
CITY-ST-ZIP	EAST PALATKA FL 32131								
DOCUMENT #			. STI	REET ADDRESS				<i>→</i>	
NAME	285			ciry-si-zip 01/07/0301030009 **141.25					
STREET ADDRESS CITY-ST-ZIP									
				REET ADDRESS		م د <u>ست. حسیت.</u>	. , . 		
DOCUMENT # NAME			. / 3"	NEET AUUNESS					
STREET ADDRESS	-	· · /	cn	ry-ST-ZIP	•				
CITY-ST-ZIP					·				
DOCUMENT #			ST	REET ADDRESS	. 39	000099		. ఏ.ఎ 	
- NAME	9.0	205			!!1/21	/0301040-			
STREET ADDRESS	1 12K	-385	CI	TY-ST-ZIP	*				
CITY-ST-ZIP	141.	- 							
DOCUMENT #	l \		ST	REET ADDRESS					
NAME STREET ADDRESS				TV CT 710		·			
CITY-ST-ZIP	Į.		U	TY-ST-ZIP					
DOCUMENT #			S	TREET ADDRESS	132				
NAME STREET ADDRESS	1			TY-ST-ZIP	1//				
CITY-ST-ZIP	certify that the information supplies	d with this filing does not a	ualify for the e	xemption stated in	n Section 119.0 (3)(i)	Florida Statutes. I fur	ther certi	fy that the information	
14. I hereby indicate	certify that the information supplied d on this report is true and accurate	e and that my signature shaute this report as required b	all have the sa by Chapter 620	me legal effect as), Florida Statutes	if made under oath;	hat I am a General Pa	artner of t	ne milited partnership	

SIGNATURE: