2003 LIMITED PARTNERSHIP

UNIFO	RM BUSIN	ESS REPOR	IU) TS	3R)				
DOCUMENT # A0000000732 1. Entity Name D.B.S., LTD., ШР			NAMES OF		-03.14	FILED	50	
Principal Place of Business 1515 RINGLING BLVD SUITE 890 C/O GEIMER SARASOTA FL 34236		Mailing Address 1515 RINGLING BLVD SUITE 890 C/O GEIMER SARASOTA FL 34236			SEUR	ETARY OF STA AHASSEE, FLO	ATE PRIDA	
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY M	IAY 1, 2003		
City & State		City & State			4. FEI Numb	er 65-1018378		Applied For
Zip	Country	Zip	Country	 -		of Status Desired		Not Applicable 75 Additional
6. Name and Address of Current Registered Agent					Fee Required 7. Name and Address of New Registered Agent			
GEIMER, LARRY				Name				
1515 RINGLING BLV	/D		Str	eet Address (F	P.O. Box Numbe	er is Not Acceptable)		
SUITE 890			-					
SARASOTA FL 34236		City				-	FL	Zip Code
8. The above named ent	ity submits this statement for	or the purpose of changing its	registered offi	ce or registere	ed agent, or bot	h, in the State of Florid	fa Lam famili	iar with and accent
							-3	
Signature, type	d or printed name of registered agent	and title if applicable.				· · · · · · · · · · · · · · · · · · ·	DATE	
as Shown on record.	\$30.00	10. Amount of Capita in FLORIDA to da	ate.	" 50	0.00	CEE DEVEDOR	CIDE CAD PER	L. DEPT. OF STATE
A NOTE	GENERAL PARTNER General Partners MA	THAT IS A BUSINESS EN	TITY MUST	BE REGISTI	ERED AND A			
	GENERAL PARTNE	R INFORMATION	13.			ADDRESS CHAN	GES ONLY	
DOCUMENT # P9400008	18660 A Corporation		STREET ADDR	FSS			OLG OITE	
STREET ADDRESS 1515 RING	A CORPORATION GLING BLVD SUITE 890	1						
CITY-ST-ZIP SARASOT	A FL 34236	•	CITY-ST-ZIP				,	
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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 accordate 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 section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accordate 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 section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report is true and accordate 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 section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report is true and accordate 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 section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii) in Section 119.07(3)(iii) indicated in Section 119.07(3)(iii

CITY-ST-ZIP

SIGNATURE;

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SIGNATURE AND TOPED OR PRINCED NAME OF SIGNING GENERAL PARTNER