HIP				2003	JAN -7		: 30.		
Principal Place of Business 6172 EAST BAY BOULEVARD GULF BREEZE FL 32563		Mailing Address 6172 EAST BAY BOULEVARD GULF BREEZE FL 32563		,	DIVIDION OF CORPORATIONS ALLAHASSEE, FLORIDA				
Principal Place of Business Address			-						
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	te, Apt. #, etc.			- Due e			
City & Sta	ate :	City & State			4. FEI Numi	ber 58-244500	BY MAY 1, 2 D1		Applied For
Zip	Country	Zip	Country		5. Certificat	e of Status Desire	d 🗆	\$8.75 Fee Req	Not Applicable Additional
	6. Name and Address of Current	Registered Agent		 		d Address of Ne	w Registered	Agent	uirea
COLLINS	COLLINS, LAURENCE W								
1	6172 EAST BAY BOULEVARD			t Address (P	O. Box Numb	er is Not Accepta	ible)		
GULF BR									
			City				FL	Zip C	
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office	or registere	d agent, or bo	th, in the State of	Florida Lam	familiar w	ith, and accept
	Days of St	D. 10.	H. 0	~/			. Ionoa. Tam	earringar wi	itii, and accept
SIGNATURE	Signatule, typed or printed name of registered agent a	and title if applicable.	screen (. /ar	tree		11-0	<u>6 - 6</u>	2003
9. Capital Co as Shown	on record. \$5,000,000.00	10. Amount of Capita in FLORIDA to da	ate P	1.59.		CEE DEVIE	OCE CINE CO	D PCP INC.	EPT. OF STATE
	A GENERAL PARTNER T NOTE: General Partners MA	se onanged on th	TITY MUST BE	REGISTE	RED AND A				UNMATION
12.	GENERAL PARTNER	13.	ADDRESS CHANGES ONLY					•	
DOCUMENT # NAME	COLLINS, LAURENCE W		STREET ADDRESS	;					
STREET ADDRESS CITY-ST-ZIP	3172 EAST BAY BOULEVARD BULF BREEZE FL 32563		CITY-ST-ZIP	Y-ST-ZIP 70009920597 01/07/0301061005 ***526.25					
DOCUMENT # NAME	COLLINS, JOHN B		STREET ADDRESS	5.5	52 F	AST RA	1 8 4	./=	
STREET ADDRESS CITY-ST-ZIP	1700 SCENIC HIGHWAY - UNIT 4 PENSACOLA FL 32503		CITY-ST-ZIP	Gulf	Bess	AST BA	3 3	<u>)LEV</u>	7 80
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DOCUMENT # NAME			STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
I→ I Hereby ce	ertify that the information supplied with the	io filipo dono mataliante de la							

14 Inereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000000839

DOCUMENT #

1. Entity Name

01-06-2003 850/934-875)