


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008364 AT

DOCUMENT # <b>A00000000943</b>	
1. Entity Name <b>FELLS COVE, LTD.</b>	

**FILED**  
03 APR 30 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

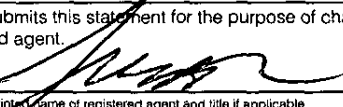
Principal Place of Business <b>C/O JEFFRY B. FUQUA 401 FERGUSON DRIVE ORLANDO FL 32805</b>	Mailing Address <b>401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32804</b>
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2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3659093</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				

6. Name and Address of Current Registered Agent <b>FUQUA, JEFFRY B 401 FERGUSON DRIVE ORLANDO FL 32805</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 **4-23-03**

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P00000055848 FELLS COVE, INC. 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO FL 32805</b>	STREET ADDRESS CITY-ST-ZIP	<del>04/30/03-01077-025 **141.25</del> <b>400017587844 04/30/03-01077-025 **141.25</b>
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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 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** **4-23-03** **407 2936562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (10/02)

STAPLE CHECK HERE