2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATION EVEN DIRECT SIGNING GENERAL PARTNE

STAPLE CHECK HERE

SIGNATURE: .

DOCUMENT # A000001044 1. Entity, Name THE DEGRAFF FAMILY LIMITED PARTNERSHIP						FILED ' 03 JUL -7 PM 1: 19			
Principal Place of Business 451 CENTER ISLAND GOLDEN BEACH-FL 33160			Mailing Address 451 CENTER ISLAND GOLDEN BEACH FL 33160			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003			
City & Stat	e		City & State	City & State			65-1025371		Applied For Not Applicable
Zip	Country		Zip	Cou	ntry	5. Certificate of	f Status Desired		.75 Additional
6. Name and Address of Curren			Registered Agent		Γ	7. Name and Address of New Registered Agent			
				-	Name			•	
	B. Degraff				Ctract Address (Add (00 B. N. obs. in No. 4.			
451 CENT	ER ISLE		. Street Address (Street Address (P.O. Box Number is Not Acceptable)					
GOLDEN BEACH FL 33160									
					<u></u>		. 		
					City FL Zip			Zip Code	
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									
Signature, typed or printed name of registered agent and title if applicable. DATE DATE									
9. Capital Contributions as Shown on record. \$1,188,179.37 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION									
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.	NOTE: GE	GENERAL PARTNER		13.		it must be mea	ADDRESS CHA		<u>r. </u>
DOCUMENT#		GENERAL FARTNER	TINFORMATION	1			ADDRESS CHA	ANGES ONLI	
NAME	DEGRAFF, NA	NCY A			EET ADDRESS .				
STREET ADDRESS	RESS 451 CENTER ISLAND				(07 310				
CITY-ST-ZIP	GOLDEN BEAC	CH FL 33160	•	uns	-ST-ZIP	000017839840			
DOCUMENT # NAME	DEGRAFF, RIC	HARD B		STR	EET ADORESS	05/01/0301063021 **525.25			
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14. I hereby 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 partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver or trustee empowered to execute this report as partnership or the receiver of the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of									