

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001377 1. Entity Name DICKEY EDWARDS INVESTMENTS, LTD.	
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FILED

2003 APR 23 AM 9:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 468 Baybrook Drive <small>Suite, Apt. #, etc.</small>	3. Mailing Address 468 Baybrook Drive <small>Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State Orange Park, FL 32200	City & State Orange Park, FL
Zip 32203	Country

DUE BY MAY 1	
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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7. Name and Address of Current Registered Agent	
Name: Frank J. Yong, Esquire	
Street Address (P.O. Box Number is Not Acceptable) Cone & Yong, P.A.	
701 Riverside Park Place, Suite 110	
City Jacksonville	FL Zip Code 32204

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 date if applicable. **DATE** _____

9. Capital Contributions <small>as Shown on record.</small>	10. Amount of Capital Contributions <small>in FLORIDA to date.</small>	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			
DOCUMENT #	P00000084407	STREET ADDRESS	
NAME	Dickey Edwards, Inc.	CITY-ST-ZIP	
STREET ADDRESS	468 Baybrook Drive		
CITY-ST-ZIP	Orange Park, FL 32203		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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 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:	4/22/03 <small>Date</small>	904-355-1235 <small>Daytime Phone #</small>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE

CR2E003B (12/02)