2003 LIMITED PARTIOS P

DOÇU 1. Entity Nar THE BA	1691	V			03 NOV -3	ED PH 5:	Sa.				
601 PIÉDMONT DRIVE			601 PI	g Address IEDMONT DRIVE HASSEE FL 32312						95 A Mullinininini	
2. Principal Place of Business 3. Ma				lling Address					 		
Suite, Apt. #, etc. Su			Suit	e, Apt. #,.etc.				DUE BY SEPTEMBER 24, 2003			
City & State			City	& State	17	1	4. FEI Numb	er 59-3689656		Applied For Not Applicable	
Zip	· · · · · ·		Zip		¹ Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registere				ed Agent		Nicon	7. Name and	Address of New Regis	stered Ager	nt .	
BANE, MARK JR. 601 PIEDMONT DRIVE						Street Address	s (P.O. Box Numbe	P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32312						· · · · · ·					
•						City TAL CA	PHASCE F		FL	Zip Code	
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, types or printed name of registered agent and title if applicable.								/	DAYE		
9. Capital Contributions \$210,000.00 10. Amount of Capital in FLORIDA to date					ate.			11. MAKE CHECK PA SEE REVERSE S	IDE FOR FE		
A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f						UST BE REGIS ; an amendme	STERED AND A ent must be file	ACTIVE WITH THIS C ed to change a gener	FFICE. ral partnei		
12. GENERAL PARTNER INFORM				ATION	13.			ADDRESS CHANG	ES ONLY		
DOCUMENT # NAME STREET ADDRESS	BANE, MARK C JR. 601 PIEDMONT DRIVE TALLAHASSEE FL 32312				STRE	ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP	•				
DOCUMENT / NAME STREET ADDRESS	BANE, BETTY C 601 PIEDMONT DRIVE TALLAHASSEE FL 32312				STRE	ET ADDRESS					
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STREET ADDRESS. CITY-ST-ZIP DOCUMENT /				2003	CITY-	ST-ZIP					
NAME			<u></u>		, STREE	ET ADDRESS	 :				
STREET ADDRESS CITY-ST-ZIP		(15		CITY-	ST-ZIP					
NAME	F				STREE	T ADDRESS					
STREET ADDRESS	Y				CITY-	ST-ŽIP					

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 required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP