

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007022 AT

DOCUMENT # A00000001948
1. Entity Name
 GIBBS INVESTMENTS, LTD.



FILED

03 MAR 25 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
 165 SANDPINE DRIVE
 PORT ST. JOE FL 32456

Mailing Address
 165 SANDPINE DRIVE
 PORT ST. JOE FL 32456

2. Principal Place of Business SAME
3. Mailing Address SAME

Suite, Apt. #, etc. City & State Zip Country

DUE BY MAY 1, 2003

4. FEI Number 59-3688018 / Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GIBBS, GEORGE S
 165 SANDPINE DRIVE
 PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$9,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **7950156**

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. GENERAL PARTNER INFORMATION | |
|---------------------------------|-----------------------|
| DOCUMENT # | GIBBS, GEORGE S |
| NAME | 165 SANDPINE DRIVE |
| STREET ADDRESS | PORT ST. JOE FL 32456 |
| CITY-ST-ZIP | |
| DOCUMENT # | GIBBS, DIANNE K |
| NAME | 165 SANDPINE DRIVE |
| STREET ADDRESS | PORT ST. JOE FL 32456 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-------------------------------|
| STREET ADDRESS | N/A |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 300014689633 |
| CITY-ST-ZIP | 03/25/03--D1078--003 **526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: George S. Gibbs **DATE:** 3/20/03 **DAYTIME PHONE #:** 850-229-2697

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

SAMPLE CHECK HERE

CR2E003 (10/02)