## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR)

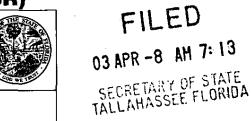
| DOCUMENT # | A010 | 00000 | <b>1336</b> |
|------------|------|-------|-------------|
| DOCUMENT#  | AUTU |       | ノとうひ        |

1. Entity Name
GTB MOBILE HOME LIMITED PARTNERSHIP

Principal Place of Business 34350 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684

**SIGNATURE:** 

Mailing Address 34350 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684



MJH

4003 727-943-5352 Date 727-943-5352

| 2 Principal 9                | Place of Business   | 3. Mailing Address                                       | <u>.                                 </u>          | — ] .   <b>      </b>   |  |  |  |
|------------------------------|---|--|--|---|--|--|--|
| 1910                         | US HWY 19   | 1310 US HC   | NY 19  | 48  |  |  |  |
| Suite, Apt.                  | Suite, Apt. #, etc.   |  |  | DUE BY MAY 1, 2003  |  |  |  |
| City & Stat                  | day. H  | City & State   | <u> </u>   | 4. FE! Numbe  | 59-3699108   | Applied For<br>Not Applicable                        |  |
| 34/                          | 90 Country  | 321/05()   | Country  | 5. Certificate  |  | 8.75 Additional                                      |  |
| <u> </u>                     | 6. Name and Address of Current  | Registered Agent   | <del></del>  | 7. Name and Address of New Registered Agent                                       |  |  |  |
|                              | or Harris and Hadress or Surfam   | mogistioned Agent  | Name   | 7. Italio did   | Alector of Item Hogisto.co. A  |  |  |
| HAKIM, JEAN                  |   |  |  |   |  |  |  |
| 34350 U.S. HIGHWAY 19 NORTH  |   |  | Street Address (P.O. Box Number is Not Acceptable) |   |  |  |  |
| PALM HA                      | RBOR FL 34684   |  |  | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
|                              |   |  |  |   |  |  |  |
|                              |   |  | City   |   | FL   | Zip Code   |  |
| O The chave                  | e named entity submits this statement for   | - the gurage of shonging its tagi                        | stared office or region                            | torod agent or hot  |  | miliar with and accept                               |  |
|                              | tions of registered agent.  | ine purpose of changing its regi                         | stered onice or regis                              | tered agent, or both  | i, in the State of Florida. Tank la                                      | iriniai witii, and accept                            |  |
| SIGNATURE                    | Signature, typed or printed name of registered agent  | and title if applicable.                                 |  |   | DATE   |  |  |
| 9. Capital Co<br>as Shown    | <del></del>   |  |  | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |  |  |  |
|                              | A GENERAL PARTNER I   | THAT IS A BUSINESS ENTITY<br>AY NOT be changed on the fo |  |   |  |  |  |
| 12.                          | GENERAL PARTNER   | RINFORMATION   | 13. ADDRESS CHANGES ONLY                           |   |  |  |  |
| DOCUMENT #                   | P99000013616  |  | OZBECT ADDRESS                                     |   |  |  |  |
| NAMÉ                         | NEW ERA MANAGEMENT, INC.  |  | STREET ADDRESS                                     |   |  |  |  |
| STREET ADDRESS               | 34350 U.S. HIGHWAY 19 NORTH   |  | CITY-ST-ZIP  |   | <del></del>  |  |  |
| CITY-ST-ZIP                  | PALM HARBOR FL 34684  |  | CIIT-31-ZIF  |   |  |  |  |
| DOCUMENT #                   |   |  | OTDEET ADDRESS                                     |   |  |  |  |
| NAME                         |   | •  | STREET ADDRESS                                     |   |  |  |  |
| STREET ADDRESS               |   |  | CITY-ST-ZIP  | 10  | 001546216  | -1<br>1  |  |
| CITY-ST-ZIP                  |   |  | UII   - SI - ZE                                    | <u> </u>  | <del>'03</del> 01031003 *  | *167.50  |  |
| DOCUMENT #                   |   |  | STREET ADDRESS                                     | •   | • •  |  |  |
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| STREET ADDRESS               |   |  | CITY-ST-ZIP  |   |  |  |  |
| CITY-ST-ZIP                  |   |  |  | <u></u>   |  |  |  |
| DOCUMENT #                   |   | ,  | STREET ADDRESS                                     |   |  |  |  |
| NAME                         | J   |  |  |   |  |  |  |
| STREET ADDRESS               |   |  | CITY-ST-ZIP  |   |  |  |  |
| CITY-ST-ZIP                  |   |  |  |   |  |  |  |
| DOCUMENT #                   | i   | `  | STREET ADDRESS                                     |   |  |  |  |
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| DOCUMENT #                   |   |  | STREET ADDRESS                                     |   | •  |  |  |
| NAME<br>exercise and present | 1   | į  |  | <del>_</del>  | <u> </u>   |  |  |
| STREET ADDRESS               |   |  | CITY-ST-ZIP  |   | •  |  |  |
| CITY-ST-ZIP                  | <u> </u>  |  |  | <del></del> ,   | ·  | <u>.                                    </u>         |  |
| indicated                    | certify that the information supplied with<br>I on this report is true and accurate and<br>wer or trustee empowered to execute this | that my signature shall have the s                       | same legal effect as i                             | Section 119.07(3)(i<br>f made under oath;   | ), Florida Statutes. I further certi<br>that I am a General Partner of t | fy that the information<br>he limited partnership or |  |