UN	NIFOR	M BUSIN	ESS REPO	RT (P UBR)				
DOCUMENT # A0100000246 1. Entity Name BACKOS, LTD.							FILED 03 FEB -5 PM 5: 13 SEGRETARY: OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business 7413 MELDIN COURT NAPLES FL 34104			Mailing Address 7413 MELDIN COURT NAPLES FL 34104			12000	ACLAHASSEE	FLORIDA	
2. Principal	Place of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State			City & State		4. FEI Numbe	59-3712571	Applied For Not Applicable		
Zip		Country	Zíp	Coun	ntry	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
BACKOS, CATHERINE					Name				
7413 MELDIA CT.				Street Address (s (P.O. Box Numbe	r is Not Acceptable)	<u>, , , , , , , , , , , , , , , , , , , </u>	
NAPLES FL 34104					1713	MELD	IN CT.	<u> </u>	
					City FL Zip Code			Zip Code	
8. The above	e named entity	submits this statement fo	r the purpose of changing it	s registere	L ed office or regist	tered agent, or both		m familiar with, and accept	
ine oblige	anona or registe	ered agent.				-	₽ *	, , , , , , ,	
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if applicable.		·		DAT		
			10. Amount of Capi in FLORIDA to o		outions		11. MAKE CHECK PAYAB	LE TO FL. DEPT. OF STATE FOR FEE INFORMATION	
	A G	ENERAL PARTNER T General Partners MA	HAT IS A BUSINESS ET	NTITY MI	UST BE REGIS	STERED AND A	TIVE WITH THIS OFFI	CE	
12. GENERAL PARTNE			INFORMATION 13.		nt must be filed to change a general partner. ADDRESS CHANGES ONLY				
DOCUMENT # NAME	BACKOS, CATHERINE			STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					ST-ZIP				
DOCUMENT # NAME				STREE	ET ADDRESS	m 1/	/ .		
STREET ADDRESS CITY-ST-ZIP				.: CITY-	ST-ZIP	11/	$\overline{\mathcal{L}}$		
DOCUMENT / NAME			· · · · · · · · · · · · · · · · · · ·	STREE	T ADDRESS	/ / /		-	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP				
DOCUMENT # NAME				STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP	02/05/0	001189 12 301094008	**526.25	
DOCUMENT # NAME		<u>-</u>		STREET	T ADDRESS		-		
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP		·		
DOCUMENT # NAME		-		STREET	ADDRESS		<u> </u>		
STREET ADDRESS CITY-ST-ZIP		•		C!TY-S	T-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: _