2003 LIMITED PARTNERSHIP

* Un	IFORM BUSIN	IESS	REPOR	T (l	JBR)			
DOCUMENT # A0100000288 1. Entity Name						FILED		
THE BRUNSON LIMITED PARTNERSHIP						03,APR 30 AM 5: 34	MJH .	
Principal Place of Business 2322 EDEN PARKWAY LAKELAND FL 33803			Mailing Address 2322 EDEN PARKWAY LAKELAND FL 33803			SECRETARY OF STATE TALLAHASSEE FLORIDA		
			3. Mailing Address			430		
Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003	3	
City & State			City & State			4. FEI Number 59-3699608	Applied For Not Applicable	
Zip	Country Z		Zip Country		try		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
					Name			
Langford, Richard C esq. 160 E. Summerlin Street, Ste. 202					Street Address	et Address (P.O. Box Number is Not Acceptable)		
BARTOW FL 33830								
5.8.10.17.12.00000					City	Zip Code		
	named entity submits this statemer ions of registered agent.	it for the pi	urpose of changing its	registere	ed office or registe	ered agent, or both, in the State of Florida. I am far	niliar with, and accept	
SIGNATURE							<u></u>	
Signature, typed or printed name of registered agent and title if applicable.						DATE		
9. Capital Contributions as Shown on record. \$4,000,000.00 10. Amount of Capital in FLORIDA to date					outions	11. MAXE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
						TERED AND ACTIVE WITH THIS OFFICE. Int must be filed to change a general partn		
12.	GENERAL PARTNER INFORMATION			13.		- DO PODERE CHANGE ON Y		
DOCUMENT # NAM€	L01000001920 BRUNSON, L.L.C. 2322 EDEN PARKWAY			STRE	ET ADDRESS	04/30/0301022003 **	∳\$35.00	
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City-St-ZiP Document #	LAKELAND FL 33803				ET ADORESS			
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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

CITY-ST-ZIP

SIGNATURE:

SIAPLE CHECK HENG

CITY-ST-ZIP