2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A0100000406 FIFD 1. Entity Name DICKSON INVESTMENT MANAGEMENT LIMITED PARTNERSHI 03 FEB -7 AH 9: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business C/O DUNWODY WHITE & LANDON, P.A. Mailing Address C/O DUNWODY WHITE & LANDON, P.A. 239 SOUTH COUNTY ROAD, SUITE 300 239 SOUTH COUNTY ROAD, SUITE 300 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 65-1105331 Applied For Not Applicable Zip Country Country 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 FICK, RONALD L C/O DUNWODY WHITE & LANDON, P.A. Street Address (P.O. Box Number is Not Acceptable) 239 SOUTH COUNTY ROAD, SUITE 300 16. PALM BEACH FL 33480 City 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 SIGNATURE . Signature, typed or printed name of registered agent and title if applicable policable. 10. Amount of Capital Contributions 10. OPIDA to date. 3. 127 DATE 9. Capital Contributions \$8,500,000.00 as Shown on record. 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 13. ADDRESS CHANGES ONLY DOCUMENT # P01000015767 DICKSON INVESTMENT MANAGEMENT, INC. CR2E003 (10/02) NAME STREET ADDRESS 239 SOUTH COUNTY ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

ra G. Dichton, Pres. Dichon Bryestment SIGNATURE: 21-03