


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007029 AT

DOCUMENT # A01000000495	
1. Entity Name LAND RUSH, LTD.	

FILED
03 APR 23 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 651 DON BISHOP RD SANTA ROSA BEACH FL 32459	Mailing Address 651 DON BISHOP RD SANTA ROSA BEACH FL 32459
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-3711511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WILKS, DIANE 651 DON BISHOP RD SANTA ROSA BEACH FL 32459	

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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P95000049695	STREET ADDRESS	
NAME	FOUNTAIN INVESTMENTS INC	CITY-ST-ZIP	600016694436
STREET ADDRESS	651 DON BISHOP RD		04/23/03--01010--012 **141 25
CITY-ST-ZIP	SANTA ROSA BEACH FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: By: 	4/15/03	(850) 267-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Date Daytime Phone #		

CR2E003 (10/02)

STAPLE CHECK HERE