2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

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DOCUMENT #	A0100000900

BOBCAT RUN, LTD.



FILED

03 MAR 14 PM 1:53 DECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business
585 N. COURTENAY PARKWAY Mailing Address
POST OFFICE BOX 4961 SUITE 101 ORLANDO FL 32802-4961 MERRITT ISLAND FL 32953 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 59-3729060 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FL, INC.** 390 NORTH ORANGE AVENUE, SUITE 1100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 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. 9. Capital Contributions \$50.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record in FLORIDA to date. 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. L01000022278 DOCUMENT # STREET ADDRESS BOBCAT RUN, LLC NAME 585 N. COURTENAY PARKWAY, SUITE 101 STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP DOCUMENT # 500014377845 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME *

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:

STREET ADDRESS

CITY-ST-7IP

Daytime Phone #