2002 UNIFO	RM BUSINESS REPORT (UBR)
OCLIMENT #	A0100001135

FILED DOCUMEN: # 1. Entity Name 02 OCT 14 AM 8:55 MICHAEL & JOY MURRAY, LTD. SECRETALLY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 6427 EAST MACLAURIN DRIVE 6427 EAST MACLAURIN DRIVE **TAMPA FL 33647** TAMPA FL 33647 3. Mailing Address 2. Principal Place of Business . 6.8 折點 6040 V. 15- 1417-23-----Suite, Apt. #, etc. **DUE BY SEPTEMBER 25, 2002** Suite, Apt. #, etc. Applied For 4. FEI Number City & State City-9, State Not Applicable 1-1-11-\$8.75 Additional Country Certificate of Status Desired Fee Required USA 300 B 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURRAY, R. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6427 EAST MACLAURIN DRIVE **TAMPA FL 33647** Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 344136.83 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION SIGNATURE Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions 9. Capital Contributions \$10,000,000.00 in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. as Shown on record. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS NAME MURRAY, R. MICHAEL 6427 EAST MACLAURIN DRIVE STREET ADDRESS CITY-ST-ZIP 600008561996 10/24/02--01015--002 \*\*926.25 CITY-ST-ZIP TAMPA FL 33647 STREET ADDRESS DOCUMENT # MURRAY, JOY A NAME 6427 EAST MACLAURIN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** STREET ADDRESS DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS **DOCUMENT #** NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS DOCUMENT # NAME STREET ALL PRESS 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: