2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business \$557 SEA FOREST DR. #10 NEW PORT RICHE FL. 34652 2. Principal Place of Business \$3. Mailing Address \$4. Mark # 6tc. \$4. FE Plumber \$4. M. 79 -3 5.531 Acquired for Impact Applied for	DOCUMENT # A0100001334 1. Entity Name AGEAN ENTERPRISES LIMITED PARTNERSHIP							FILED SECRETARY OF STATE BIVISION OF CORPORATIONS				e o
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City & State Country Country Country Country S. Confricted of Status Desired Registered Agent Name Name Name Name City & State Desired S. To Address of Current Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fields. SIGNATURE Signature, Speed or persist rem or registered agent agent, or both, in the State of Fields. SIGNATURE Signature, Speed or persist rem or registered agent agent, or both, in the State of Fields. SIGNATURE Signature, Speed or persist rem or registered agent agent, or both, in the State of Fields. SIGNATURE Signature, Speed or persist rem or registered agent. Or both, in the State of Fields. SIGNATURE Signature, Speed or persist rem or registered agent. Or both, in the State of Fields. SIGNATURE Signature, Speed or persist rem or registered agent. Or both, in the State of Fields. SIGNATURE Signature, Speed or persist rem or registered agent. Or both, in the State of Fields. SIGNATURE Signature, Speed or persist removed remove registered agent. Or both, in the State of Fields. SIGNATURE Signature, Speed or persist removed remove remove remove removed remove removed	2. Principal P	ress			-							
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LAOUSIS, GEORGIA 5557 SEA FOREST DR. #210 NEW PORT RICHIE FL 34652 City City FL Zip Code The State of Fords. Signature, hose or persect care of representations as Spokenome or registered agent, or both, in the State of Fords. In MAKE CHICK PAYABLE TO DEPT, 0F STATE SEE REVERSS Sign Fire In ProPMATION A GENERAL PARTIER 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. ADDRESS CHANGES ONLY ADDRESS CHANGES ONLY ADDRESS CHANGES ONLY ADDRESS CHANGES ONLY City St-Zip	Zip	Col	intry	Zip		Country						
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DEW PORT RICHIE FL 34852 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Systems, hower or present rame of impaisive agent and to a registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. Capital Contributions as \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS DEFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DIDUMBRY NAME STREET ADDRESS LAOUSIS, GEORGIA 557 SEA FOREST DR. #210 DIDUMBRY NEW PORT RICHIE FL 34652 CITY-ST-ZIP DIDUMBRY NAME STREET ADDRESS CITY-ST-ZIP DIDUMBRY NAME STREET ADDRESS CITY-ST-ZIP DIDUMBRY NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST						Street A	Street Address (P.O. Box Number is Not Acceptable)					
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. SIGNATURE 9. Capital Contributions \$1,000.00 10. Amount of Capital Contributions as Shown on record. A GENERAL PARTHER 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 10. DOUBLINE / NAME SIREH ADDRESS CHY-SI-ZIP DOUBLINE / STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP DOUBLINE / STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP DOUBLINE / STREET ADDRESS CHY-SI-ZIP CHY-	**											4
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am a General Partner of the limited partnership or	14. I hereby o	certify that the inform	nation supplied with th	nis filing does no	t qualify for the	e exemption sta	ted in Se	ection 119.07(3)(i)	Florida Statutes. I furthe	er certify that	the information	<u> </u>

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