2003 LIMITED PARTNERSHIP

UN	IFORM BUSIN	, F	11 5-			
1. Entity Nan		0001435 ERSHIP		03 MAR 31 PM 2:49		
Principal Plac 7910 IVYWOQ LARGO FL 33	ce of Business D ROAD	Mailing Address 7910 IVYWOOD ROAD LARGO FL 33777				
2. Principal F	Place of Business	3. Mailing Address				
Súite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State .		City & State		4. FEI Number APPLIED FOR 59-3753913	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered A	gent	
			Name			
PETIT, RL 7910 IVY	ЛН A NOOD ROAD	 		- Street Address (P.OBox Number is Not Acceptable)		
LARGO F	L 33777		<u> </u>			
			City	City FL Zip Code		
SIGNATURE	Signature, typed or printed name of registered ager on tributions 327,000:00 on record.	10: Amount of Cap in FLORIDA to		DATE DATE OF THE CHECK PAYABLE TO SEE REVERSE SIDE FOR	O FL. DEPT. OF STATE	
	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY MUST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE.		
12.	GENERAL PARTNE			ent must be filed to change a general part		
DOCUMENT #	SPENCER, VICTOR L	ER INFORMATION	STREET ADDRESS	ADDRESS CHANGES ONLY	<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	7040 8004000 5040		CITY-ST-ZIP	0371870301008003 ***158.75		
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		,	CITY-ST-ZIP	<u> </u>	r)	
DOCUMENT # NAME	-		STREET ADDRESS	04/01/03-01006001 *	*367.50	
STREET ADDRESS City-St-Zip			CITY-ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	1110		
DOCUMENT #			STREET ADDRESS		-	

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:

SIAPLE CHECK HENE

NAME STREET ADDRESS

CITY-ST-ZIP

Victor Lحر SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARCH 727-345-29 11718 180018