2003 LIMITED PARTNERSHIP UNIFICAM BUSINESS REPORT (UBR)

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1. Entity Nam	MENT :	# A0200	0000099				· 2
AUGUNE VII, EEU						03 AUG 11 AM 9:54	
Principal Place of Business 155 CRYSTAL BEACH DRIVE. SUITE 200 DESTIN FL 32541 Mailing Address P.O. BOX 5639 DESTIN FL 32541						SECHETARY OF STATE TALEAHASSEE, FEORIOA	
Principal Place of Business					<u>.</u>		
Suite, Apt. # etc. Suite, Apt. #, etc.					4 30A		
Suite 101 Vuite 101						DUE BY MAY 1, 2003	
SAMA ROUM BLACK, P.1 5				Anto Kour Beard FI		4. FEI Number 59 – 373 1266 Applied For Not Applicable	
Zip 7245	<u> </u>	Country	7245	7	1-1-ton-	5. Certificate of Status Desired Fee Rec	Additional quired ————————————————————————————————————
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name		
CASTLE, HARROLL 155 CRYSTAL BEACH DRIVE, SUITE 200					Street Address (P.O. Box Number is Not Acceptable)		
DESTIN FL 32541							
					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 Signature, typed or printed name of registered agent and title if applicable. , DATE							
9. Capital Contributions as Shown on record. \$10,000.00 In FLORIDA to date							
						TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12,		GENERAL PARTNE	R INFORMATION	13.		. ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P01000111618 ACQUIRE LAND TITLE, INC. 155-CRYSTAL BEACH DRIVE, SUITE 200 DESTIN FL 32541				EET ADDRESS	5365 E. Scenic Hwy. 30-A. Buite 101, Santa Rosa Beach, FL	
STREET ADDRESS*					-ST-ZIP S		
DOCUMENT # NAME				STR	EET ADDRESS		32459
-Street address* City-St-Zip			<u></u>	CITY	-ST-ZIP	04300300	,,
DOCUMENT #				STRI	ET ADDRESS	<u> </u>	149
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	500017583795 04/30/0301075001 **141	.25
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Devime Phone #							
		SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNI	NG GENERAL PARTNE	Ħ	Date Daytime Phon	.e #