LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000198

1. Entity Name

2. Principal Place of Business

SIGNATURE:

7101 Capri Lane

Tyson Limited Parthership



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Joel Andress
GRATURE AND TYPED OR PRINTED NAME OF SIGNING GENI

3. Mailing Address

P.O. Box 420

Suite, Apt. #	ŧ, etc.	Suite, Apt. 1	#, etc.		DUE BY MAY 1			
City & State		City & State			4. FEI Number	Applied For		
Pinj€	eland, <u>FL</u>	Pine	eland,	FL	04-3597110	Not Applicable		
Zip	Country	Zip		Country		5 Additional		
3394	15 <u>Lee</u>	339)45 <u> </u>	<u>Lee</u>	Fee R	equired		
			•	7. Name and Address of Current Registered Agent Name Name Name Name Name Name Name Name				
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2				City	P.O. Box 420	n Code		
						33945		
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			
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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								
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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								

Noel ANDRESS 3/12/03