2003 LIMITED PARTNERSHIP

U	NIFORM BUSINE	SS REPOR	T (UBF	?)	er gere sammer.	
1. Entity Na	JMENT # A02000	0000675			FILED	
					03 FEB 14 PN 1:50	
105 EAST MAIN ST. 105 E		Mailing Address 105 EAST MAIN ST. AVON PARK FL 33825	105 EAST MAIN ST.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal / OO G Suite, Ap		3. Mailing Address 1006 W. Pleasant St. Suite, Apt. #, etc.		£ 54.		
,					DUE BY MAY 1, 2003	
Sity & State Avon Fla. Gity & State Avon F			ark Fla		4. FEI Number Applied For 22.3888033 Not Applicable	
338	25 Country HIGHLANDS	33825	Country HTGHLA	ANDS	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
FUNDY MANAGEMENT LLC 105 EAST MAIN ST. AVON PARK FL 33825				Street Address (P.O: Box Number is Not Acceptable)		
				City fron Park FL Zip Code 33825		
8. The above the obliga SIGNATURE		Down			ered agent, or both, in the State of Florida. I am familiar with, and accept	
3. Capital Co as Shown	Signature, typed or printed name of registered agent and ontributions on record. \$1,000,000.00	10. Amount of Capital in FLORIDA to dat			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENT	ITY MUST BE	REGIST	STERED AND ACTIVE WITH THIS OFFICE. ont must be filed to change a general partner.	
	GENERAL PARTNER I	NFORMATION	13.	-	ADDRESS CHANGES ONLY	
MENT #	FUNDY MANAGEMENT LLC 105 EAST MAIN ST.	,,-	STREET ADDRESS	10	006 W. Pleasant St	
ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP	Avoi	on Pack, Fla. 33825	
* DOCUMENT * NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		800011621408 02/03/03-01085019 **437.50	
DOCUMENT # NAME	·		STREET ADDRESS		- 927-937-93 - 91933 - 913 - **** 37-39	
STREET ADDRESS CITY-ST-ZIP			 -CITY-ST-ZIP سعب		The second secon	
DOCUMENT #			STREET ADDRESS		800011521408 02/14/0301048007 **88.75	
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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:

/30/03 (863)453-312/ Date Daytime Phone #