

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000877

1. Entity Name
LEWIS CAPITAL LIMITED PARTNERSHIP



Principal Place of Business
4555 AINSLEY PLACE
SARASOTA FL 34234

Mailing Address
4555 AINSLEY PLACE
SARASOTA FL 34234

FILED

2003 FEB 17 AM 11:10

DIVISION OF CORPORATIONS



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

27-0017689

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, SARA PEELER
4555 AINSLEY PLACE
SARASOTA FL 34234

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Sara P. Lewis (SARA P. Lewis)

2-10-03

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L02000014355
NAME LEWIS CAPITAL LLC
STREET ADDRESS 4555 AINSLEY PLACE
CITY-ST-ZIP SARASOTA FL 34234

STREET ADDRESS

CITY-ST-ZIP

200012593552
02/17/03--01043--028 **141.25

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CITY-ST-ZIP

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Sara P. Lewis (SARA P. Lewis) - President

2-10-03

(941)

355-3931

Date

Daytime Phone #