


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021371 FP

DOCUMENT # A02000001042 1. Entity Name GOODMAN'S LTD.	
---	---

FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 18787 HWY 20 W. BLOUNTSTOWN FL 32424	Mailing Address 18787 HWY 20 W. BLOUNTSTOWN FL 32424
--	--



2. Principal Place of Business <i>above</i>	3. Mailing Address <i>above</i>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent GOODMAN, GILDA 18787 HWY 20 W BLOUNTSTOWN FL 32424	7. Name and Address of New Registered Agent Name <i>n/a</i> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$500.00	10. Amount of Capital Contributions in FLORIDA to date. \$500	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 #	GOODMAN, GILDA	STREET ADDRESS	300018316163
NAME	18787 HWY 20 W	CITY-ST-ZIP	05/07/03--01010--002 **141.25
STREET ADDRESS	BLOUNTSTOWN, FL 32424		
CITY-ST-ZIP			
DOCUMENT #	GOODMAN, NATHAN	STREET ADDRESS	
NAME	18787 HWY 20 W	CITY-ST-ZIP	
STREET ADDRESS	BLOUNTSTOWN, FL 32424		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: <i>Gilda Goodman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	3-20-03 <small>Date</small>	850-9212056 <small>Daytime Phone #</small>
---	--------------------------------	---

CP2E003 (10/02)

SAMPLE CHECK HERE