## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

1. Entity Nam	MENT EKINGZETT					03	FII	EI 6 Ai		Ō	•		
20 S. BROAD BROOKSVILLE	FL 34601		Mailing Address 20 S. BROAD STREET BROOKSVILLE FL 34601			SECRETARY OF STATE. TALLAHASSEE, FLORIDA							
	lace of Busing	in Blud	3. Mailing Address	108		115611		88)   <b>43</b>   ) 61	I()] <b>08</b> )]] <b>10</b> ]	181 11881 118			
Suite, Apt.		<del></del> -	Suite, Apt. #, etc.			DUE BY MAY 1, 2003							
City & State Gulfport FL			City & State Gul For +		<b>4.</b> F	El Numb	per			$\rightarrow$	Applied For Not Applicab	le	
337 <b>6</b>	Zip Country		Zip 33707	Count		5. 0					8.75 Additional ee Required		
	6. Name		Name=	7. Name and Address of New Registered Agent									
FLORIDA & OFFSHORE BUSINESS FORMATION, INC 20 S. BROAD STREET						ddress (P.O. Bo	x Numb	er is Not Acce	eptable)				4
	VILLE FL 346											<del> </del>	$\dashv$
			City	City				FL	Zip Co				
the obligat	e named entity tions of registe		r the purpose of changing it	ts registere	ed office or	registered age	nt, or bo	oth, in the State	of Florida	i. I am far	miliar with	n, and accep	.t
SIGNATURE		r printed name of registered agent a \$20,000.00							DATE		<del></del>	_	
9, Capital Co as Shown	on record.	ital Contrib date.	200	200		SEE	EVERSE \$	DE FOR		PT. OF STATE RMATION			
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.	·——-	13.	<u> </u>				S CHANG				コ゛		
DOCUMENT # NAME	KINGZETT, JAMES M					3057	o 1	Beach	BI	19			(10/02
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14. I hereby of indicated the receiv	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 eport as required by Chapter 620, Florida Statutes												
SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Destring Phone #												