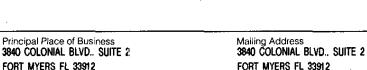
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

DOCUMENT # A0200001308

1. Entity Name EEDV FAMILY LIMITED PARTNERSHIP, LTD.





APPROVE AND FILED

03 APR -3 AMII: 16

SECRETARY OF STATE TABLATIASSEE, FLORIDA

2. Principal Place of Business			3. Mailing Address				iiii 90 10i 1011 100i	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		. 4-190	DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number 52-2385594	Applied For Not Applicable	
Zìp	Zip Country		Zip	Country		5. Certificate of Status Desired See Required Fee Requirements	Additional uired	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
DEL VALLE, EMILIO					Name ·			
3840 COLONIAL BLVD., SUITE 2					Street Address (P.O. Box Number is Not Acceptable)			
FORT MYERS FL 33912								
					City	FL Zip C	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, a the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								
9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Cap					ntributions 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 # NAME	DEL VALL			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	3840 COL FORT MYI	Onial BLVD., Suite 2 Ers fl 33912		СІТУ-	ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP				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 explain the required by Chapter 620, Florida Statutes

SIGNATURE:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Q压强国 Del Valle

41103

239-277-7666

Daytime Phone #

E003 (10/02)