

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001516

1. Entity Name
VIRGINIA L. GADSDEN FAMILY LIMITED PARTNERSHIP



FILED
Feb 18, 2003 8:00 A.M.
Secretary of State

Principal Place of Business 41 PINE AIRE CIRCLE PINE RIDGE MANAGEMENT CORP. LAKE PLACID FL 33852	Mailing Address P.O. BOX 307 PINE RIDGE MANAGEMENT CORP. LAKE PLACID FL 33862-0307
--	--



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 57-1140657	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GADSDEN, VIRGINIA L 41 PINE AIRE CIRCLE LAKE PLACID FL 33852	7. Name and Address of New Registered Agent 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.

9. Capital Contributions as Shown on record. \$651,000.00	10. Amount of Capital Contributions in FLORIDA to date.	DATE
--	---	------

**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 #	P02000070543	STREET ADDRESS	
NAME	PINE RIDGE MANAGEMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	41 PINE AIRE CIRCLE		
CITY-ST-ZIP	LAKE PLACID FL 33852		
DOCUMENT #		STREET ADDRESS	500012567215
NAME		CITY-ST-ZIP	02/14/03--01055--003 **526 25
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			
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: Virginia L. Gadsden 2-12-03 863-699-1582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)