## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

SIGNATURE: ..

1. Entity Nam			J				03 APR 22			AT
Principal Place of Business 1411 EDGEWATER DRIVE ORLANDO FL 32804			Mailing Address 1411 EDGEWATER DRIVE ORLANDO FL 32804			03 APR 22 AM 8: 36				
2. Principal F	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number	59-1470977		Applied For Not Applicab	le .
Zip Country			Zip	Country		5. Certificate of	of Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent						7. Name and	Address of New Registers	d Agent		Ι.
	ROBERT W REWATER D	RIVE			Street Address (P.O. Box Number is Not Acceptable)					$\dashv$
SUITE 101								<u>i_</u>	<del>-</del>	$\neg$
ORLANDO FL 32803					City	<del></del>	F	L Zip	Code	$\dashv$
	named entit		or the purpose of changing	g its register	ed office or regist	ered agent, or both	, in the State of Florida. ( a	m familiar	with, and accep	t
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.				DATE			
9. Capital Co as Shown	ontributions on record.	\$128,000.00		<ol> <li>Amount of Capital Contributions in FLORIDA to date.</li> </ol>			11. MAKE CHECK PAYAB SEE REVERSE SIDE			
							CTIVE WITH THIS OFFI			-{
NOTE: General Partners MAY NOT be changed on to  12. GENERAL PARTNER INFORMATION					an amendme	ill must be med	ADDRESS CHANGES			$\dashv$
DOCUMENT /							710011200017111020	<u> </u>		ଟ୍ଲ
NAME STREET ADDRESS CITY-ST-ZIP		Robert W Inglake Drive I FL		ł	-ST-ZIP		<u> </u>			CR2E003 (10/02)
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City-st-zip  14. I hereby certify that the information supplied with					-ST-ZIP	140.07(0)(0)	Clarks Charters 16 and		Al- 1- 5	
indicated	I on this repor	e information supplied with it is true and accurate and empowered to execute thi	that my signature shall ha	ive the same	e legal effect as if	made under oath;	, Florida Statutes. I further o that I am a General Partner	of the limi	tile information ited partnership (	or