2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCU 1. Entity Nam MUSSAL Principal Plac 5801 PHILLIPS JACKSONVILLE	LEM INVES	TMENTS, LTD.	 M: 58	ailing Address 01 PHILLIPS HWY. CKSONVILLE FL 32216			Sect DIVISIO	FILED RETARY OF ST SN OF CORPOR AR 27 PM I	ATE ATIONS 4: 24	W3/31
2. Principal Place of Business				Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.		<u> </u>	DUE BY MA			
City & State				City & State			DUE BY MAY 1, 2003 4. FEI Number 93-6126583 Applied For			
Zip	Zip Country			Zip	Cour	ıtry	Not Applicable Not Applicable \$8.75 Additional			
6. Name and Address of Current R			Regis	tered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent			
MUSSALLEM, CHARLES, JR. 5801 PHILLIPS HWY JACKSONVILLE FL 32216					1	Name Street Address (F	P.O. Box Number is Not Acceptable)			
•					-	City	FL Zip Code			Zip Code
 The above named entity submits this statement for the purpose of changing its re- the obligations of registered agent. 						ed office or registere	ed agent, or both, i	n the State of Florid		niliar with, and accept
SIGNATURE ————————————————————————————————————										
Capital Contributions as Shown on record. Section 10. Amount of Capital in FLORIDA to date in FLORIDA to date.						outions			PAYABLE T) FL. DEPT. OF STATE 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 CHAN		
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14. I hereby certify that the information supplied with his 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 it is report as required by Chapter 620, Florida Statutes										
SIGNATURE: SIGNATURE AND TYPE OF SIGNING GENERAL PARTNER Date Date Date Date Date Date Date Date										