<b>2002 UNIF</b>	FORM	<b>BUSINESS</b>	REPORT	(UBR)
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DOCUI	MENT #	A07798			J.			FILED	4116 AT
HAMPTON COURT, LTD.				J. V.			24 AMII: 17		
Principal Place of Business Mailing Address 2120 DREW ST CLEARWATER FL 33765 CLEARWATER FL 33765					SECRETARY OF STATALLAHASSEE, FLOR				
2. Principal P	lace of Business	3. 1	Mailing Address		· · · · · · · · · · · · · · · · · · ·				·
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002	2	1	
City & State	e		City & State		4. FEI Number 59-		59-1930595	Applied For Not Applicable	1
Zip	Cour	ntry Z	Zip	Coun	ţry	~5.~ Certificate o		8.75 Additional se Required	
	6. Name and Ac	Idress of Current Regist	tered Agent		7. Name and Address of New Registered Agent Name				
FUNK, RI 2120 DRE	CHARD B. -W ST.				Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33765									
9 The shave	named antitus submit	ts this statement for the p	urnana of changing its re	aintar	City	ad agent or both	FL in the State of Florida	Zip Code	-
SIGNATURE .	named entity submit	is this statement for the p	urpose or changing its re	sylstere	ed office of Tegister	eu agent, or botti	, in the state of Florida.		
SIGNATORIE.	Signature, typed or printed	name of registered agent and title if	applicable.				DATE		_
9. Capital Col as Shown of	on record.	\$45,010.00	10. Amount of Capital in FLORIDA to dat	e.		<u></u>	11. MAKE CHECK PAYABLE T SEE REVERSE SIDE FOR	· · · · · · · · · · · · · · · · · · ·	
							CTIVE WITH THIS OFFICE. to change a general partr	ner.	
12.	G	ENERAL PARTNER INFO	RMATION	13.	· ·		ADDRESS CHANGES ONLY		]_
DOCUMENT # NAME	590286 J.R.S. EQUITIES		STRE	EET ADDRESS				R2E003 (9/01)	
STREET ADDRESS CITY-ST-ZIP	2120 DREW ST CLEARWATER F	L		CITY	-ST-ZIP				;R2E0(
DOCUMENT # NAME STREET ADDRESS	FUNK, RICHARD 25 HIBISCUS RI			STRE	ET ADDRESS	10	00048436	314	ō
CITY-ST-ZIP-	CLEARWATER F		والمراقع المستعدد الم	CITY	-ST-ZIP	- آ آ ند سيه ر	01/30/02010	)13004 ***403.75	. 4.
NAME STREET ADDRESS					EET ADDRESS			-···	$\frac{1}{2}$
CITY-ST-ZIP  DOCUMENT #				CITY	-ST-ZIP	<del></del>			-
NAME STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP  DOCUMENT #				CITY	-ST-ZIP				-
NAME STREET ADDRESS					EET ADDRESS				-
CITY-ST-ZÎP DOCUMENT #				<b>-</b>	-ST-ZIP				
NAME STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP	portify that the info	ation supplied with this 40	ing does not qualify for t		-ST-ZIP	otion 119 07/2\/3\	Florida Statutes. I further certify	that the information	-
indicatéd	on this report is true	ation supplied with this fill and accurate and that m ered to execute this repo	y signature shall have th	e same	e legal effect as if m	nade under oath; t	hat I am a General Partner of th	e limited partnership or	

TRASULCE TAS COULT TES, TAK. 1/18/02