2003 LIMITED PARTNERSHIP

UF	AIFOR	KM BUSIN	iess rei	PORT	(UBF	} }					
1. Entity Na	Γ# A097 Ents, ltd.					na 55	FILE B 17		58		
Principal Place of Business 1355 SNELL ISLE BOULEVARD . N.E. ST. PETERSBURG FL 33704			1355 SNELL ISL STE 200	Mailing Address 1355 SNELL ISLE BLVD STE 200 ST PETERSBURG FL 33704					RETARY AHASSEI		
2. Principal	Place of Bus	iness	3. Mailing Addre	3. Mailing Address							
Suite, Ap	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & Sta	City & State			City & State			4. FE! Numb	er 59-2044993	-,	<u> </u>	Applied For
Zip	Country		Žip	Zip Cour							Not Applicable Additional
	6. Nam	e and Address of Curre	ent Realstered Agent		- 					Fee Requ	uired
DEW, JO	DEW, JOHN						7. Name and	Address of New R	egistereo A	\gent	<u>. </u>
HARRIS	BARRETT M	IANN & DEW	,	Stree			P.O. Box Numbe	er is Not Acceptable) <u> </u>		
	150 SECOND AVE., NORTH, SUITE 1500										
	ST. PETERSBURG FL 33701						_				
					City	City Zip Code					Code
8. The above the obliga	e named entit tions of regis	ty submits this statement tered agent.	t for the purpose of cha	nging its regist	ered office o	r registere	ed agent, or bot	h, in the State of Flor	ida. I am f	<u>l</u> amiliar wi	th, and accept
SIGNATURE	Signature, typeg	or printed name of registered age	ant and title if conlinship		_		···				
9. Capital Co	\$411,533.00	of Capital Con	tributions L// 522 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE					0			
as Shown	on record.		in FLOR	IDA to date.		411	,133	SEE REVERSI	SIDE FOR	FFF INF	EPT. OF STATE ORMATION
	A NOTE	GENERAL PARTNER : General Partners I	R THAT IS A BUSINE MAY NOT be change	ESS ENTITY ed on the for	MUST BE	REGISTI	ERED AND A	CTIVE WITH THE	AFFIAF		
12.		GENERAL PARTN	IER INFORMATION	1;		- Idinem	must be me	ADDRESS CHA			
DOCUMENT # NAME	ROEDER,	ROSS E.	.	S	FREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1355 SNE ST PETER	ill isle blvd Isburg fl		CI	CITY-ST-ZIP				<u> </u>		
DOCUMENT #				st	REET ADDRESS						
STREET ADDRESS	1530 MIM	. Robert J. Osa lane					•				
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STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP		· <u>.</u>				
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14. Thereby 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 free 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SISPERING DECRETED AND OF SIGNING GENERAL PARTNER

14 Jab 03 727-822-4111
Date Daytime Phone #