


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016738 AT

|   |   |
|---|---|
| <b>DOCUMENT #</b> A10905                                  |  |
| 1. Entity Name<br><b>INTERSTATE INDUSTRIAL PARK, LTD.</b> |   |

**FILED**

03 MAY -7 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |  |
|--|--|
| Principal Place of Business<br><b>4125 SW MARTIN HWY.<br/>PALM CITY FL 34990</b> | Mailing Address<br><b>PO BOX 2172<br/>PALM CITY FL 34990</b> |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |  |
|---|--|
| <b>DUE BY MAY 1, 2003</b>   |  |
| 4. FEI Number <b>59-2182938</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                        |  |
| <b>DAVIS, EDWARD D<br/>4125 S.W. MARTIN HWY<br/>PALM CITY FL 34990</b> |  |

|  |             |
|--|-------------|
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |  |
|---|---|--|
| 9. Capital Contributions as Shown on record. <b>\$29,700.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>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 #                      | NAME                         | STREET ADDRESS           |  |
| NAME                            | <b>DAVIS, EDWARD D</b>       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>3414 S.W. CANOE PLACE</b> |                          |  |
| CITY-ST-ZIP                     | <b>PALM CITY FL 34990</b>    |                          |  |
| DOCUMENT #                      | NAME                         | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |
| DOCUMENT #                      | NAME                         | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |
| DOCUMENT #                      | NAME                         | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |
| DOCUMENT #                      | NAME                         | STREET ADDRESS           |  |
| NAME                            |                              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                              |                          |  |
| CITY-ST-ZIP                     |                              |                          |  |

**400018465974**  
**05/07/03--01105--013 \*\*296.65**

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

|   |                                     |
|---|-------------------------------------|
| <b>SIGNATURE:</b>  | <b>4-30-03 772-286650</b>           |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>                         | <small>Date Daytime Phone #</small> |

CR2E003 (10/02)

STAPLE CHECK HERE