## 2003 LIMITED PARTNERSHIP JNIFORM BUSINESS REPORT (UBR)

| DOCU<br>1. Entity Nam<br>SANDBA   | - (                                |     |   | na EFR  | ILED<br>21 AH S | 3: 13<br>STATE,                                    | ·   |   |           |  |   |
|---|------------------------------------|-----|---|---|-----------------|--|---|---|-----------|--|---|
| Principal Place of Business<br>2032 HILLVIEW ST.<br>SARASOTA FL 34239   |                                    |     |   | Mailing Address<br>2032 HILLVIEW ST.<br>SARASOTA FL 34239 |                 |  |   | TALLA   | MASSEE FI | _08เกษ                                 | MJH ,                                   |
| 2. Principal Place of Business  |                                    |     |   | 3. Mailing Address  |                 |  |   |   |           |  |   |
| Suite, Apt. #, etc.   |                                    |     |   | Suite, Apt. #, etc.                                       |                 |  |   | DUE BY MAY 1, 2003  |           |  |   |
| City & State  |                                    |     |   | City & State  |                 |  |   | 4. FEI Number 59-2120048 Applied For Not Applicable             |           |  |   |
| Zip   | Country                            |     |   | Zip Coun  |                 | try  |   | 5. Certificate of Status Desired \$8.75 Additional Fee Required |           |  | 8.75 Additional                         |
| 6. Name and Address of Current Registered Agent BALLIETT, JOHN W. 2032 HILLVIEW ST. SARASOTA FL 34239   |                                    |     |   |   |                 | Name   | 7. Name and Address of New Registered Agent |   |           |  |   |
|   |                                    |     |   |   |                 | 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  Signature, typed or printed name of registered agent and title if applicable.  DATE  |                                    |     |   |   |                 |  |   |   |           |  |   |
| 9. Capital Contributions as Shown on record.  \$1,381,054.00  10. Amount of Capital in FLORIDA to date  |                                    |     |   |   |                 | outions  |   |   |           |  |   |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE NOTE: General Partners MAY NOT be changed on the form; an am  |                                    |     |   |   |                 |  |   |   |           |  | er.                                     |
| 12.   | GENERAL PARTNER INFORMATION        |     |   |   |                 | 1  |   |   | ADDRESS C | HANGES ONLY                            |   |
| DOCUMENT #<br>NAME  | 690833<br>SANDBAR DEVELOPMENT CORF |     |   |   |                 | ET ADDRESS   | ,   |   |           |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP   | 2032 HILLVIEW ST. SARASOTA FL      |     |   |   |                 | ST-ZIP   | 90001296659<br>02/21/0301083012 **\$35,00   |   |           |  |   |
| DOCUMENT /<br>NAME  |                                    |     |   |   |                 | ET ADDRESS   | 02/21/0301083012 **535.00                   |   |           |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                    |     |   |   |                 | ST-ZIP   |   |   |           |  |   |
| DOCUMENT <b>#</b><br>NAME   |                                    |     |   |   | STRE            | ET ADDRESS   |   |   |           |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                    |     |   |   | CITY-           | ST-ZIP   |   |   |           |  |   |
| DOCUMENT #<br>NAME  |                                    |     |   |   | STREE           | ET ADDRESS   |   |   |           | ************************************** |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                    |     |   |   | CITY-           | ST-ZIP   | •   | · · ·   |           |  |   |
| DOCUMENT #<br>NAME  |                                    | , , | н |   | STREE           | ET ADDRESS   |   |   |           |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                    |     |   |   | CITY-           | ST-ZIP   |   |   |           |  |   |
| DOCUMENT#<br>NAME   |                                    |     |   | ***   | STREE           | T ADDRESS  |   |   | 77.6.4.4  |  | *************************************** |
| STREET ADDRESS  |                                    |     |   |   |                 | <del> </del>                                       |   | •   |           | <u> </u>                               |   |

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

SAMBBAR DEVELORITION COLD GENERAL THEOLOGY.

CITY-ST-ZIP

SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

1/22/03

944-364-9224 Daytime Phone #