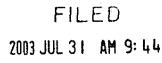
## 2003 LIMITED PARTNERS UNIFORM BUSINESS REPORT

## DOCUMENT # \ A11903

1. Entity Name EVERGLADES ROAD ASSOCIATES, LTD.

	· .
Principal Place of Business P. O. BOX 49948 SÁRASOTA FL 34230-6948	Mailing Address 395 COMMERCIAL COURT. SUIT VENICE FL 34292



Principal Place of Business P. O. BOX 49948 SARASOTA FL 34230-6948 Mailing Address 395 COMMERCIAL COURT. S VENICE FL 34292			ial court. Su	ITE A	DIVISION OF CORPORATIONS FALVAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address			ess	<u> </u>		
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State	City & State		4. FEI Number 59-2151176 Applied For Not Applicable	
Zip		Country	Zip		Country	5. Certificate of Status Desired
	6 Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
RUSSELL, JEFFREY S. 240 SOUTH PINEAPPLE AVE				Name Street A	ddress (P.O. Box Number is Not Acceptable)	
		LE AVE		<u></u>		
10TH FLO						
SARASOTA FL 34236			City	FL Zip Code		
			r the purpose of ch	anging its regi	stered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept
•	ions of regist	ered agent.				
SIGNATURE -	Signature, typed	or printed name of registered agent a	and title if applicable.			DATE
						11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A (	GENERAL PARTNER T	HAT IS A BUSIN	NESS ENTIT	Y MUST BE I	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						ADDRESS CHANGES ONLY
DOCUMENT #	F42877 TARUE CO	ORP			STREET ADDRESS	
STREET ADDRESS	TREET ADDRESS P. O. BOX 49948 N/A			CITY-ST-ZIP		
DOCUMENT #			<u> </u>		STREET ADDRESS	700018471397 05/08/0301005019 **154.00
NAME STREET ADDRESS CITY-ST-ZIP		/			CITY-ST-ZIP	33/00,03 01003 013 **134.00
DOCOMENT :						
NAME					STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		····			CITY-ST-ZIP	/00018471397 08/05/0301012001_**372.25
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14 I boroby o	ortific that the	information appealing with	this filing does not	avalify for the	augmetics stat	tod in Section 119 07(3)(i) Florida Statutos I further certify that the information

I hereby certify that the information supplied with this Illing 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 at required by Chapter 620, Florida Statutes

**SIGNATURE:** 

STAPLE CHECK HERE

THED

Date

Daytime Phone #