


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008864 AT

DOCUMENT # A12240	
1. Entity Name TALLAHASSEE HOMESHARES, LTD.	

FILED
03 APR 29 PM 12:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 1815 MICCOSUKEE COMMONS DRIVE SUITE 104 TALLAHASSEE FL 32308	Mailing Address P.O. BOX 14019 TALLAHASSEE FL 32317
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-2157016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NOBLIN, MILLARD J. 1815 MICCOSUKEE COMMONS DRIVE SUITE 104 TALLAHASSEE FL 32308

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

9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	MILLARD J. NOBLIN	CITY-ST-ZIP	
STREET ADDRESS	1815 MICCOSUKEE COMMONS DRIVE, SUITE 104		
CITY-ST-ZIP	TALLAHASSEE FL 32308		
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STREET ADDRESS			
CITY-ST-ZIP			

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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	
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SIGNATURE: 	REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)