2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Nan P.R. PR			3			FILED 2003 MAR 2 1 PM 12: 09					A
Principal Place of Business 6451 GOODWAY DR. BROOKSVILLE FL 34602			Mailing Address PO BOX 1784 BROOKSVILLE FL 34605			DIVIJION OF CORPORATIONS TAILAHASSEE, FLORIDA					
2. Principal F	ness	3. Mailing Address	Mailing Address				III BIBII BIBII	TIEIL BIEIL EI	014 B1031 (306)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003]
City & State			City & State			4. FEI Number 59-2480715 Applied For Not Applicable					
Zip	Zip Country		Zip	Cour	ntry	5. Certificate of Status Desired See Require		.75 Addi	itional	1	
	6. Name	and Address of Current F	l Registered Agent			7. Name and A	Address of New Regis				1
LORSELL ENTERPRISES, INC.					Name	<u></u>				مرکنی در 	-
6451 GOODWAY DR.					Street Address (P.O. Box Number is Not Acceptable)						1
BROOKSVILLE FL 34602							- -		<u> </u>		1
					City	****		FL	Zip Code	···········	-
		y submits this statement for	the purpose of changing i	ts register		ed agent, or both,	in the State of Florida				1
the obligat	tions of regis	ered agent.					·		<u></u>		
		or printed name of registered agent as					T	DATE			-
Gapital Coas Shown		\$1,000-00	10. Amount of Cap in FLORIDA to		butions		11. MAKE CHECK PA SEE REVERSE S				
		GENERAL PARTNER T									1.
12.	NOTE	: General Partners MA GENERAL PARTNER	-	the form	; an amendmen	t must be filed	ADDRESS CHANG		:r.		/
DOCUMENT #	G48212	11 O 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STR		-	7,001,000 01,000				0/07	
NAME STREET ADDRESS	TADDRESS 6451 GOODWAY DR.			CITY	-ST-ZIP	700014450417					CR2E003 (10/02)
DOCUMENT #	DROCKSVILLE PL 34002				03/21/0301060007 **141, 25				·)RZE(
NAME STREET ADDRESS					 						}
CITY-ST-ZIP DOCUMENT #	-	· · · · · · · · · · · · · · · · · · ·		CITY	-ST-ZIP						
NAME				STRE	ET ADDRESS						1
STREET ADDRESS CITY-ST-ZIP				CHTY	-ST-ZIP		·				
DOCUMENT # NAME				STRE	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP						[
DOCUMENT # NAME				STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		<u> </u>	, . .			1
DOCUMENT #	_			STRE	ET ADDRESS						1
NAME STREET ADDRESS					-\$T-ZIP						1
CITY-ST-ZIP	L		•]
14. I hereby of indicated the receive	certify that the on this repo- er or trustee	e information supplied with the free and accurate and a compowered to execute this	his filing does not qualify f nat my signature shall have report as required by Cha	or the exe e the same pter 620,	mption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), nade under oath; t	Florida Statutes. I furt hat I am a General Par 	her certify rtner of the	that the inf limited pa	ormation rtnership or	