UI	NIFORI	M BUSINE	SS REPOR	T (UBR))
DOCU	JMENT	# _ A20086			FILED
Principal Place of Business 5000 NW 27TH COURT SUITE E GAINESVILLE FL 32606			Mailing Address 5000 NW 27TH COURT SUITE E	- CONTRACTOR OF THE PARTY OF TH	DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA
GAINESVILLE	E FL 32606	•	GAINESVILLE FL 32606		I INCIDIO INTO CONTROL
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 59-2543843 / Applied For
Zip		Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
<u> </u>	6. Name ar	nd Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent
SABIS, V	SABIS, WILLIAM R.			Name	
5000 N.W. 27TH CT. SUITE E			,	Street Add	dress (P.O. Box Number is Not Acceptable)
	GAINESVILLE FL 32606				
WHILE I'E OZOOO				City	FL Zip Code
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. \$177,500.00 10. Amount of Capita in FLORIDA to date.				Centributions	pegistered agent, or both, in the State of Florida. I am familiar with, and accept DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
<u></u>	A GE	NERAL PARTNER THA	T IS A BUSINESS ENT	ITV MIIST DE DE	ECICTEDED AND ACTIVE WITH THE COMMO
12.	NOTE: G	GENERAL PARTNER IN	AOT pe changed on the	torm; an amend	dment must be filed to change a general partner.
DOCUMENT #		GENERAL PARTMENT	ONWATION	13.	· · · - ADDRESS CHANGES ONLY
NAME	SABIS, WILLI			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	GAINESVILLE	ዝ CT., STE E FL		CITY-ST-ZIP	400012593614 02/17/0301043029 **526,25
DOCLIMENT #				STREET ADDRESS	200 00000000000000000000000000000000000
STREE. ADDRESS	}			_	400012592614
CITY-S, ZIP				CITY-ST-ZIP	400012593614 02/17/0301043030 **8.75
NAME				STREET ADDRESS	
STREET ADDRESS CITY-ST-TIP				CITY-ST-ZIP	
DOCUMENT# NAME :		,		STREET ADDRESS	
STREET ADORESS CITY-ST-Zi				CITY-ST-ZIP	
DOCUMENT :				STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP (CITY-ST-ZIP	
DOCUMENT #		<u> </u>		STREET ADDRESS	

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 empoyered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> SISHARURE REGULARED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date