2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (III

DOCI	JMENT # A2351	1	II (UB	N)		
1. Entity Na P.A.D.	ame	7			FILED	
Principal Pl	ace of Business	Mailing Address		o we to	03 JAN 10 AM 11: 04	
480 E. PARKINS MILL ROAD P.O. BOX 8814					SECRETARY DE COM	
	. •• •• •• •• •• •• •• •• •• •• •• •• ••	GREENVILLE SC 29604-88	314		SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business     Mailing Address				<u> </u>	- 1 1001011 1010 11000 1101 0110 1101 0101 0101 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State City & State				4. FEI Number 59-2721655	Applied For	
Zip Country Zip		Zip	Country			Not Applicable
	6. Name and Address of Current	Registered Agent				\$8.75 Additional Fee Required
FRANK, ALBERT			Nam	7. Name and Address of New Registered Agent ame		
3102 SCHILLER ST.			Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33629			ļ	<del>-</del>		<u> </u>
			City		FL	Zip Code
8. The above	e named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida. I am fa	
SIGNATURE						,
9. Capital Co	Signature, typed or printed name of registered agent at				DATE	
as Shown	10. Amount of Capita in FLORIDA to da	ate.	SEF REVERSE SINE FOR ESC INFORMATION			
	A GENERAL PARTNER TO NOTE: General Partners MAY	HAT IS A BUSINESS EN' NOT be changed on th	TITY MUST Bi	E REGISTI	ERED AND ACTIVE WITH THIS OFFICE. must be filed to change a general parti	
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	rier.
NAME	P.A.D., INC.		STREET ADDRESS CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP	480 E. PARKINS MILL ROAD GREENVILLE SC 29607				01 <b>/10/03</b> 01026002	**526.25
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NAME						,
STREET ADDRESS CITY-ST-ZIP	-		CITY-ST-ZIP		g ss	

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 effort as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

1/6/03 864-250-5137
Date Dayline Phone #

CR2E003 (10/02)