


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013369 AT

<b>DOCUMENT #</b> <b>A24087</b>	
<b>1. Entity Name</b> SOUTHCHASE, LTD.	

FILED

03 MAY -6 PM 8:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>Principal Place of Business</b> 4890 WEST KENNEDY BLVD., <del>STE-050</del> TAMPA FL 33609-1863	<b>Mailing Address</b> 4890 WEST KENNEDY BLVD., <del>STE-050</del> TAMPA FL 33609-1863
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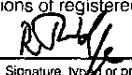
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. <b>SUITE 920</b>	<b>3. Mailing Address</b> Suite, Apt. #, etc. <b>SUITE 920</b>
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
<b>4. FEI Number</b> <b>59-2761635</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  BRAY, JACK H 4890 WEST KENNEDY BLVD., <del>STE-050</del> TAMPA FL 33609-1863	<b>7. Name and Address of New Registered Agent</b> Name    F & L Corp. Street Address (P.O.)    The Greenleaf Building City    Jacksonville, FL 32202-3510
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**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.**

F&L Corp  
By: R.J. Wolfe, V.P.    4/28/03    DATE

SIGNATURE     Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions as Shown on record.</b> <b>\$26,712,715.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> <b>0</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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												
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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**

**SIGNATURE:**     **4-24-03**    (813)286-4140

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

CP2E003 (10/02)

STAPLE CHECK HERE