Mailing Address 1211 N. WESTSHORE BLVD.

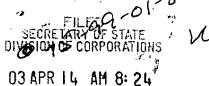
SUITE 700

DOCUMENT #

Principal Place of Business 1211 N. WESTSHORE BLVD.

SUITE 700

1. Entity Name
AUSTIN VISTA EQUITIES LIMITED





TAMPA FL 33607			TAMPA FL 33607						
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 59-2935876 Applied For Not Applicable			
Zip Country		Zip	Zip Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
AUSTIN, ALFRED S 1211 N. WESTSHORE BLVD.					Name Street Address (P.O. Box Number is Not Acceptable)				
SUITE 700									
TAMPA FL 33607					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 Signature, typed or printed name of registered agent and title if applicable.									
Capital Contributions as Shown on record. \$100.00			10. Amount o	of Capital Contrib DA to date.	outions		11. MAKE CHECK PAYABLE I SEE REVERSE SIDE FOR		
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					, an amenume	ent must be med	ADDRESS CHANGES ONL		
DOCUMENT #				13.			7.001.000 011111000 0112		
NAME AUSTIN, ALFRED S			SIK		ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1211 N. W TAMPA FL	ESTSHORE BLVD. 33607		CITY-	-ST-ZIP				
DOCUMENT # NAME				STREE	ET ADDRESS	·			
STREET ADDRESS CITY-ST-ZIP	1 ·			CITY-ST-ZIP				707	
DOCUMENT # NAME				STREE	ET ADORESS	04/14	00015953 1/0301030003	**541.25	
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DOCUMENT # NAME				STREE	ET ADDRESS		(
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP				
14. Lhereby o	ertify that the	information supplied with t	this filing does not gu	alify for the exer	notion stated in S	Section 119.07(3)(i)	Florida Statutes, I further certi	ty 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:

