2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # A26242 1. Entity Name SEVILLE PARTNÉRS OF DAYTONA LIMITED PARTNERSHIP					O3 APR 30 AM 5: 377
Principal Place of Business 800 NORTH FERNCREEK AVENUE ORLANDO FL 32803 Mailing Address 800 NORTH FERNCREEK ORLANDO FL 32803 ORLANDO FL 32803			AVENUE		SECALTARY OF STATE SECALTARY OF STATE TALLAHASSEE FLORIDA TALLAHASSEE FLORIDA
Principal Place of Business 3. Mailing Address					420
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUI BY MAY 1, 2003
City & State				4. FEI Number 41-1617165 Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired
	6. Name and Address of Current F	legistered Agent		'	7. Name and Address of New Registered Agent
				Name	
LEWIS, ROBERT B., JR. 800 NORTH FERNCREEK AVENUE ORLANDO FL 32803				Street Address (P.O. Box Number is Not Acceptable)	
				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.					
Sepital Contributions Second Contribu					11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
as Shown on record. In FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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					
DOCUMENT # NAME STREET ADDRESS	LEWIS, ROBERT B JR 800 N. FERNCREEK AVE ORLANDO FL		STRE	ET ADDRESS	·
CITY-ST-ZIP			CITY	-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP	partify that the information cumplied with the	his filling does not qualify for the	<u>L_</u>	-ST-ZIP	Nion 119 07/3/(i) Florida Statutas Liuribar confitutibat the information
indicated	on this report is true and accurate and the	nat my signature shall have th	e same	legal effect as if ma	ction 119.07(3)(i), Floricla Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or

SIGNATURE: WILL FAMILE OF SIGNING GENERAL PARTNER Date Date Despired Phone #