


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # A27561 1. Entity Name DSA INVESTMENTS, LTD. |  |
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FILED

03 APR 18 PM 1:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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| Principal Place of Business 1403 MACLAY COMMERCE DRIVE #15 TALLAHASSEE FL 32312 | Mailing Address 1403 MACLAY COMMERCE DRIVE #15 TALLAHASSEE FL 32312 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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DUE BY MAY 1, 2003

| | | | |
|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |

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| 4. FEI Number 26-6093512 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SMITH, DAVIS D. 1403 MACLAY COMMERCE DRIVE #15 TALLAHASSEE FL 32312 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
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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.

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

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| 9. Capital Contributions as Shown on record. \$12,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP SMITH, DAVIS D. 2044 DOOMAR DRIVE TALLAHASSEE FL 32308 | STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 18pt;">700016238457</div> 04/18/03--01022--002 **172.75 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP |
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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: DAVID ADLIS **REQUIRED** 4/9/03 850-893-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE