2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28375 1. Entity Name INVESTORS CHOICE FLORIDA PUBLIC FUND I, LTD.					EII ED	
					FILED	
				2002 APR 29 AM 10: 39		
Principal Place of Business 1226 COMMERCE STREET. SUITE 300 DALLAS TX 75202-4328		Mailing Address 1226 COMMERCE STREET. SUITE 300 DALLAS TX 75202-4328		300	POLITION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal P	lace of Business	3. Mailing Address	Mailing Address		T 1301013 1010 11301 10100 11301 10100 10101 10101 01011 01011 01011 01011 01011 01011	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		City & State			4. FEI Number 59-2955276 Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Re -:	-	7. Name and Address of New Registered Agent	
CORPORA	ATION SERVICE COMPANY			Name		
1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing	g its registere	ed office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered ager	at and title if applicable.			DATE	
9. Capital Contributions as Shown on record. \$1,875,000.00 10. Amount of Capital Cinc in FLORIDA to date				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY M	UST BE REGI	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.					ADDRESS CHANGES ONLY	
DOCUMENT # NAME	INVESTORS GENERAL, INC. 1226 COMMERCE STREET, SUITE 300		STRE	ET ADDRESS		
STREET ADORESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS			CITY	-ST-ZIP	2000055023624 -05/10/0201033015 ****526.25 ****526.25	
DOCUMENT #					****526.25 ****526.25	
NAME STREET ADDRESS	e e e		SIRE	ET ADDRESS		
CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT #1 NAME			STRE	ET ADDRESS		
STREET ADDRESS C/TY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate an error trustee emporared to execute the contract of the contr	th this filing does not qualif d that my signature shall h his report as reduired by C	y for the exe ave the same hapter 620,	mption stated in e legal effect as Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER