

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017267 AT

DOCUMENT # A28375

1. Entity Name
INVESTORS CHOICE FLORIDA PUBLIC FUND I, LTD.



FILED
03 APR -2 AM 11: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1226 COMMERCE STREET, SUITE 300 DALLAS TX 75202-4328	Mailing Address 1226 COMMERCE STREET, SUITE 300 DALLAS TX 75202-4328
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2955276	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name	
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,875,000.00	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. *8526.25*

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F21524	STREET ADDRESS	
NAME	INVESTORS GENERAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	1226 COMMERCE STREET, SUITE 300		
CITY-ST-ZIP	DALLAS TX 75202-4328		
DOCUMENT #		STREET ADDRESS	200015031172
NAME		CITY-ST-ZIP	04/01/03--01054--018 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Signature* **SIGNATURE REQUIRED** *3-13-02* *704-522-0456*
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (10/02)