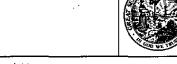
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28995

1. Entity Name FORCE FINANCIAL, LTD.



FILED 03 HAY -2 PH 6: 16 SECRETARY OF STATE TALLAHASSEE FLORIDA

			_					or our Ti	ACHATTE CORIDA		
4250 LAKESKED DRIVE, SUITE 212				Mailing Address 1250 Lakesked Drive. Suite 212 Iacksonville FL 32210				TALLAM	ANT OFFLORIDA	MJ	
2. Principal Place of Business 3.				Mailing Address					0 6 1 6 1 6 1 6 1 1 1	OLBIN TABUN BUBUN TABUN DIRIN	(81)
Suite, Aptoli, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State				City & State				4. FEI Number	59-2969379	Applied F	
Zip 	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent			
CATER, JAMES W., JR.						Name					
425 <u>)</u> LAK		Street Address			(P.O. Box Number is Not Acceptable)						
JAÜKSON							· ·				
						City			F	L 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.								DATE			
9. Capital Contributions as Shown on record. \$2,632,880.00				10. Amount of Capital Contributions in FLORIDA to date. 2, 632, 8			2.8	60.03	11. MAKE CHECK PAYABL	e to fl. dept. of st. Or 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 C	NLY	\neg
DOCUMENT #	CATER, JAMES W., JR.				CITO.	FET 1000500			·		
NAME					214	STREET ADDRESS					
STREET ADDRESS					CITY	r-st-zip					
CITY-ST-ZIP	JACKSONVILLE FL 32210				GITT	1-31-ZIF					Ś
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STREET ADDRESS CITY-ST-ZIP	4250 LAKESKED DRIVE, SUITE 212 JACKSONVILLE FL 32210				CITY	'-ST-ZIP		200017861752 05/02/03-01016001 ** 526.25			
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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)(1), 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:

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

DOCUMENT #

NAME STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

N. Cater, Jr.

4-30-03 90

Daytime Phone #

104-381-042