CR2E003 (10/02)

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED A29486 DOCUMENT # 1. Entity Name 03 APR 29 AM 8: 33 LAND INVESTMENT I, LTD. SECRETARY OF STATE TĂLLAHASSEE FLORIDA Mailing Address 201 W. FIRST STREET Principal Place of Business 201 W. FIRST STREET SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 4. FEI Number 59-2990758 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NELSON, LARRY W. Street Address (P.O. Box Number is Not Acceptable) 201 WEST FIRST STREET SANFORD FL 32771 City 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. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,423.80 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. G19604 DOCUMENT # STREET ADDRESS **HEATHROW LAND & DEV CORP** 201 W. FIRST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD, FL 32771 DOCUMENT # 800017334458 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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

Development Corp. **SIGNATURE**

CITY-ST-ZIP

Daytime Phone #