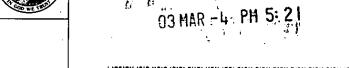
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A29517 **DOCUMENT#**

Entity Name
 ALLEN FAMILY LIMITED PARTNERSHIP



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



Principal Place of Business 27746 S. DIXIE HWY NARANJA FL 33032			Mailing Address 27746 S. DIXIE HWY NARANJA FL 33032			A LIMIT A LINE OF THE STATE OF
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003
City & State			City & State			4. FEI Number 65-0165071 Applied For Not Applicable
Zip	Zip Country		Zip Country		ntry	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current Registered Agent					i -	7. Name and Address of New Registered Agent
ALLEN, TRACY 27746 S. DIXIE HWY NARANJA FL 33032			. : -		Street Address	M-C Allen (HO. Box Number is Not Acceptable) E S Dixie Hoof
8. The above	named entity	submits this statement for	or the purpose of changing its	s registere	City Name	anice FL Zip Code 33032
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, typyd or printed name of registered agent and title if applicable.						
9. Capital Co as Shown		\$731,250.00	10. Amount of Capit in FLORIDA to c		butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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.						
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY
DOCUMENT / L43621 NAME MARVIN & JEAN ALLEN, INC STREET ADDRESS 27746 SOUTH DIXIE HIGHWAY				STRE	EET ADDRESS	
CITY-ST-ZIP	NARANJA I			CITY	-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS				STRE	ET ADDRESS	800013517198 03/04/0301076009 **526.25
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DOCUMENT # NAME				STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		· .		CITY-	ST-ZIP	
DOCUMENT # NAME STREET ADORESS				STREE	ET ADDRESS	
CITY-ST-ZIP	· ·				ST-ZIP	
14. I hereby c indicated	ertify that the on this report	nformation supplied with s true and accurate and	this filing does not qualify for that my signature shall have	the exen	nption stated in Se legal effect as if n	ection 119.07(3)(i), Florida Statutes. I further certify that the information 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

PARTHER PRES Marunt Jean Allen Inc. SIGNATURE!