2003 LIMITED PARTNERSHIP

UN	IFURM BUSI	ME22 KELOI	31 (1	JBK)				- 8
1. Entity Nam	MENT # A304 OPERTIES, LTD.	457				FILED R21 PM		8
Principal Place of Business PO BOX 161506 MOBILE AL 36616-2506		Mailing Address PO BOX 151506 MOBILE AL 36616-2506	PO BOX 161506		DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA			ł
2. Principal Reace of Business 3. Mailing Address					- †			II .
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003			
City & State		City & State	City & State		4. FEI Number 63-102585	7	Applied For Not Applica	
Zíp	Country	Zip	Coun	try	5. Certificate of Status Desired		8.75 Additional ee Required	
	6. Name and Address of Co	urrent Registered Agent			7. Name and Address of Nev	Registered A	gent	
MELVIN, JACKIE P 356 W. NINE MILE ROAD				Name Street Address (P.O. Box Number is Not Acceptable) Suite 7, 2425 W. Nine Mile RAAD				
PENSACOLA FL 32534				<u> </u>	7, 2425 W. NINE 1	MILE KOA	<u>D</u>	
	-			City		FL	Zip Code 32534	
	named entity submits this staten tions of registered agent.	ment for the purpose of changing i	its registere	ed office or registere	ed agent, or both, in the State of	Florida. 1 am fa	miliar with, and acce	pt
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable.				DATE		
9. Capital Contributions as Shown on record. \$63,000.00 in FLORIDA to date				outions	B.		O FL. DEPT. OF STAT FEE INFORMATION	E
	NOTE: General Partne	NERTHAT IS A BUSINESS E ers MAY NOT be changed on			t must be filed to change a	general part		
12.	GENERAL PARTNER INFORMATION				ADDRESS (HANGES ONL	<u> </u>	- -
DOCUMENT # NAME	MOBILE AL 36608		STRE	ET ADDRESS				CR2E003 (10/02)
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	100014· 03/21/0301058	45013 }012 *	3 <u>1</u> *526, 25 —	ZE003
DOCUMENT # NAME	P30423 R. BRUCE WORLEY,INC.		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MOBILE AL 33608			-ST-ZIP		<u></u>		
DOCUMENT # NAME	P30421 ELLIS LORD, INC.		STREE	ET ADORESS	. •			
STREET ADDRESS CITY-ST-ZIP	3800 AIRPORT BLVD. STE.: MOBILE AL 33608		CITY-	-ST-ZIP	 	. -		
DOCUMENT # .			STREE	ET ADDRESS				
CITY-ST-ZIP			CITY-	-ST-ZIP		·		
DOCUMENT # NAME			STREE	ET ADDRESS			<u> </u>	
STREET ADDRESS ! CITY-ST-ZIP			CITY-	ST-ZIP		,, de-		
DOCUMENT # NAME			STREE	ET ADORESS			·	
STREET ADORESS CITY-ST-ZIP				-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 TOL PROPERTIES, LTD., BY JSBA, IUC., MANAGING PARTNER								

SIGNATURE: