



2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # A31270 1. Entity Name THE HOUR GLASS OF ALBANY, LTD. | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS, 03 APR -8 PH 12: 31  | |
| Principal Place of Business 1415 TIMBERLANE ROAD TALLAHASSEE FL 32312 | | Mailing Address 1415 TIMBERLANE ROAD TALLAHASSEE FL 32312 | | DUE BY MAY 1, 2003 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 4. FEI Number 59-2888962 | |
| City & State | | City & State | | <input type="checkbox"/> 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 STEPHENS, JAMES A. 1415 TIMBERLANE ROAD TALLAHASSEE FL 32312 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$125,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | |
| 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 ONLY | | |
| DOCUMENT # | K07801 | | STREET ADDRESS | 100015465391 04/08/03-01036-002 **150.00 | |
| NAME | HOUR GLASS MGMT., INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 1415 TIMBERLANE ROAD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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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)(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: James A. Stephens **4/3/03** **(850) 893-4607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #