2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| UN | IFORM BUSI | NESS REP | | | C 10 4 | | | |
|---|---|---------------------------------------|---|------------------------------------|---|------------------------|--|--|
| DOCUMENT # A32208 1. Entity Name G. TERRENCE SECURITIES LIMITED PARTNERSHIP | | | | | | 2003 JAN 2 | LED 8 AMIO: 06 | |
| Principal Place of Business I318 S.E. SCOTLAND CAY WAY STUART FL 34997-9281 | | | Mailing Address 4318 S.E. SCOTLAND CAY WAY STUART FL 34997-8281 | | | DIVIJION OF ALLAHAS | CORPORATIONS (SEE, FLORIDA | |
| 2. Principal Place of Business 3. Mailing Address | | | SS . | | | | 81811 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | Suite, Apt. #, etc. | | | DUE BY MAY 1, 2003 | | |
| City & Stat | .e | City & State | City & State | | 4. FEI Number 65-02 | 287745 | Applied For Not Applicable | |
| Zip Country | | - Zip | Coun | ntry | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | |
| AL II I II / A A | · | | | Name | | | | |
| SULLIVAN, G. TERRENCE 4318 S.E. SCOTLAND CAY WAY | | | | Street Addres | eet Address (P.O. Box Number is Not Acceptable) | | | |
| STUART_FE-34997-8281 | | | | , , | | | 1/ | |
| | | | | City | City FL Zip Code | | | |
| | e named entity submits this staten tions of registered agent. | ment for the purpose of chan | nging its registere | ed office or regis | tered agent, or both, in the S | State of Florida. I am | familiar with, and accept | |
| SIGNATURE - | Signature, typed or printed name of registere | red agent and title if applicable. | | | | DATE | · · · | |
| 9. Capital Co as Shown | ontributions \$1,500,000. | .00 10. Amount o | of Capital Contrib | butions & | ~ ^ ^ | | E TO FL. DEPT. OF STATE DR. FEE INFORMATION | |
| | | NER THAT IS A BUSINE | | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. | <u> </u> | | RESS CHANGES ON | | |
| DOCUMENT # | SULLIVAN, G. TERRENCE 4318 S.E. SCOTLAND CAY WAY STUART FL 34997-8281 | | STRE | EET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | /-ST-ZIP | | | | |
| OCUMENT / NAME | SULLIVAN, JEANNINE A | | | EET ADDRESS | 700011132767 | | | |
| STREET ADDRESS SITY-ST-ZIP | 4318 S.E. SCOTLAND CAY WAY STUART FL 34997-8281 | | CITY | r-sr-zip 01/28/0301053008 **526.25 | | | **526.25 | |
| OCUMENT # | | | STRE | EET ADDRESS | | | | |
| TREET ADDRESS | | | CITY | '-ST-ZIP | | | | |
| OCUMENT # IAME | | • | STRE | EET ADDRESS | | | | |
| TREET ADDRESS | | | CITY | '-ST-ZIP · | | | | |
| OCCUMENT / | | | STRE | EET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | CITY- | -ST-ZIP | | | , | |
| OCUMENT # | | | STRE | EET ADDRESS | | | | |

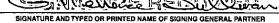
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



\ \operatorname{\pi}

1-26-03

1-772-287-268