2003 LIMITED PARTNERSHIP

UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # A32960 1. Entity Name DIXIE PARTNERSHIP, LTD.						FILED 03 JAN 28 PM 12: 47	•	
Principal Place of Business 105 SO. NARCISSUS AVE SUITE 602 WEST PALM BEACH FL 33401 Mailing Address 105 SO. NARCISSUS AVE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401					2	O3 JAM 20 SEGRETARY OF STATE TALLAHASSEE, FLORIDA	·	
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 65-0382196	Applied For Not Applicable	
Zip •		Country -	Zip	Zip Country			.75 Additional	
	6. Name	and Address of Current	Registered Agent	<u>'</u>		7. Name and Address of New Registered Age	nt	
PAMONT	CHEAN	-		•	Name	-	-	
THOMAS, SUSAN — 105-\$-NARCISSUS-AVENUE, SUITE-602————————————————————————————————————					Street Address.	t.Address (P.O. Box Number is Not Acceptable)		
WEST PA	ILM BEACH	FL 33401						
				City	FL	Zip Code		
8. The above the obligat	named entity tions of regist	submits this statement for ered agent.	or the purpose of changing it	ts registered	office or registe	red agent, or both, in the State of Florida. I am fami	liar with, and accept	
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable.							1	
O Conital Ca						DATE		
9. Capital Co as Shown	ontributions on record.	\$80,000.00	10. Amount of Cap in FLORIDA to	date.		11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR FE		
	ontributions on record.	\$80,000.00 SENERAL PARTNER 1	10. Amount of Cap in FLORIDA to FHAT IS A BUSINESS E	date. NTITY MUS	ST BE REGIS	11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR FE TERED AND ACTIVE WITH THIS OFFICE.	E INFORMATION	
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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 repurred by Chapter 620, Florida Statutes

SIGNATURE: Y

Daytime Phone #