2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # A9300001278

1. Entity Name

BRANDON PROPERTIES PARTNERS, LTD.



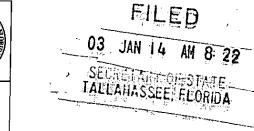
Principal Place of Business C/O SHIMBERG CROSS COMPANY 611 WEST BAY STREET TAMPA FL 33606

2. Principal Place of Business

Mailing Address C/O SHIMBERG CROSS COMPANY 611 WEST BAY STREET

611 WEST BAY STREET TAMPA FL 33606

3. Mailing Address P O BOX 489





Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del> -		
				DUE BY MAY 1, 2003		
City & State		City & State RIVERVIEW, FL		4. FEI Number 59-3215939	Applied For	
Zip	Country	<sup>Zip</sup> 33568	Coun	ntry	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional
6. Name and Address of Current Registered Agent					7Name and Address of New Registered	Fee Required
CROSS CIENTE				Name		.3****

CROSS, GLEN E C/O SHIMBERG CROSS COMPANY 611 WEST BAY STREET TAMPA FL 33606

Name	
Street Address (P.O. Box Number is Not Acceptable)	

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 \_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

Capital Contributions as Shown on record.

\$9,900,000.00

 Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

Zip Code

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.	Account must be med to change a general partner.
DOCUMENT #	F64388	<del>- 13.</del>	ADDRESS CHANGES ONLY
NAME	SHIMBERG CROSS COMPANY	STREET ADDRESS	
STREET ADDRESS	611 WEST BAY STREET		
CITY-ST-ZIP ·	TAMPA FL 33606	CITY-ST-ZIP	,
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NAME	·	STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS .	
STREET ADDRESS		C.MEET RODINEGO	
CITY-ST-ZIP		CITY-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

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING GENERAL PARTIES

1/10/03

813 672 0608

Date

CD2E002 (40/00)