## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A93000001327 **DOCUMENT #** FILED 1. Entity Name SEMINOLE HOUSE, LTD. 2003 MAR 26 AM 9: 35 Principal Place of Business 4538 ST. TERESA BLVD. Mailing Address PO BOX 648 DIVISION OF CORPORATIONS TALLAHASSEE. FLORIDA ST. TERESA FL 32358 PANACEA FL 32346 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State Applied For 4. FEI Number 59-3227910 Not Applicable Zip Country ---Country \$8.75 Additional 5. Certificate of Status Desired .... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, CHARLES L JR. Street Address (P.O. Box Number is Not Acceptable) 1358 THOMASWOOD DRIVE TALLAHASSEE FL 32312 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions \$200,000.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (10/02) DOCUMENT # STREET ADDRESS RAINEY, DENNETT I NAME 4538 ST TERESA BLVD. STREET ADDRESS CITY-ST-ZIP ST TERESA BEACH FL 32358 CITY-ST-ZIP <del>18881476919</del>1 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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: