2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIAPLE CHECK HERE

DOCUMENT # A9400000903 1. Entity Name EDWARDS MANUFACTURING, LTD.						FILED 2003 MAY -8 AM 10: 48			
Principal Place of Business 1316 TECH BLVD TAMPA FL 33619			Mailing Address 1316 TECH BLVD TAMPA FL 33619			IDIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address						-	 		IN INIXI ODINE 1131 INDI
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State			Not Applica		Applied For Not Applicable	
Zip 	<u>, </u>		Zip	Country		<u> </u>	of Status Desired	Fee F	5 Additional Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
HUNTER, PAUL L					- Name Street Address (P.O. Box Number	is Not Acceptable)		
1316 TECH BLVD. TAMPA FL 33619									
.e					City			FL Z	ip Code
the obligat	ions of regist	ered agent.	t for the purpose of changing	its register	ed office or register	red agent, or both	, in the State of Floric	da. I am familia	r with, and accept
Signature, typed or printed name of registered agent and title if applicable. DATE									
9. Capital Co as Shown	on record.	\$2,054,000.00	IN FLURIDA to	date. 2	2,054,00		11. MAKE CHECK I SIE REVERSE	SIDE FOR FEE	
			R THAT IS A BUSINESS E MAY NOT be changed on						{
12.		GENERAL PARTN	IER INFORMATION	13.			ADDRESS CHAN		
DOCUMENT # NAME	ME EDWARDS MANUFACTURING, INC.				EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	TAMPA FL				r-ST-ZIP		<u> </u>		
DOCUMENT A NAME STREET ADDRESS				STR	EET ADDRESS	047017	U591055(J24 **4;	
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NAME STREET ADDRESS CITY-ST-ZIP					/-ST-ZIP				
14. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daylime Phone #									