

FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A94000001142

1. Entity Name
TAMPA CAPITAL INCOME FUND, LTD.Principal Place of Business
**GROVE AT LAKELAND SQUARE
3570 US HWY. 98 N
LAKELAND, FL 33809**Mailing Address
**GROVE AT LAKELAND SQUARE
3570 US HWY. 98 N
LAKELAND, FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DUE BY MAY 1, 2003

4. FEI Number
59-3268059Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, MARK L
4337 ELLINWOOD BLVD.
PALM HARBOR, FL 34685**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 date if applicable

DATE

9. Capital Contributions
as Shown on record. **\$99.00**10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P02000123135**
NAME **FJBIT, INC.**
STREET ADDRESS **11312 MICHIGAN DR**
CITY-ST-ZIP **SPRING GROVE, IL 60081**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/03

312-715-0677

Daytime Phone

CR2003 (10/02)

STAPLE CHECK HERE

KANTER, MATTENSON, MORGAN & GORDON

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

ATTORNEYS AT LAW

Writer's Direct Dial
312-715-0637 (Ext 224)

25 EAST WASHINGTON STREET, SUITE 1742, CHICAGO, IL 60602-1803
TELEPHONE: (312) 368-1400 FACSIMILE: (312) 715-0657 EMAIL: KMMG2@AOL.COM

April 21, 2003

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Tampa Capital Income Fund, Ltd.
Document # A94000001142

Dear Sir or Madam:

Enclosed is the 2003 Limited Partnership Uniform Business Report for the above named partnership and applicable fee.

If you have any questions, please do not hesitate to call collect.

Sincerely,

KANTER, MATTENSON, MORGAN & GORDON


Alan J. Morgan

AJM:jrs
Enc.