2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001236 1. Ecrop times THE SCHEARLIA THIRD FAMILY LIMITED PARTNERSHIP 1. Ecrop times SM1 ORTEGA BUID. SUITE 7 ACKSONNULE FI. 32210 2. Principal Place of Bournes SM1 ORTEGA BUID. SUITE 7 ACKSONNULE FI. 32210 3. Menting Address Suite, April #, onc. City & Salato City & FL Zo Code B. The abstract amend and/orders of Common Registered Agent SCHEARLIA THOMAS V SCHEARLIA THOMA		<u>-</u>		`	//-	_		
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City & Siste Country Special Address of Current Registered Agent T, Name and Address of New Registered Agent Name SchiffAneLLA, ThOMAS V Sheat Address (PO, Box Number is Not Acceptable) City FL Zip Code Special Country Speci	Principal Place of Business Address Address							
Zip Country Zip Country S. Certificate of Status Degined S8.75 Additional Fee Required: e. Name and Address of Current Registered Agent SCHIFANELLA, THOMAS VS411. ORTEGA BLVD., SUITE 7JACKSONVILLE FL 32210 City FL 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 Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE genities hold by private frame of inoptimus agent area size it explication. SIGNATURE genities hold by private frame of inoptimus agent area size it explication. A GENERAL PARTINER HAT 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 filled to change a general partner. SIGNATURE GENERAL PARTNER HAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACCEPTANCES. SIGNED Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. SIGNATURE GENERAL PARTNER INFORMATION A GENERAL PARTNER INFORMATION A GENERAL PARTNER INFORMATION A GENERAL PARTNER INFORMATION SIGNAT ADDRESS OHANGES ONLY SIRET ADDRESS SCHIFANELLA REALTY MANAGEMENT, INC. STREET ADDRESS SCHIFANEL REALTY MANAGEMENT, INC. STREET ADDRESS OTH-51-2P GENERAL PARTNER INFORMATION STREET ADDRESS OTH-51-2P GENERAL PARTNER PARTNER INFORMATION STREET ADDRESS OTH-51-2P GENERAL PARTNER P	Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
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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:

STAPLE CHECK HERE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/24/03 (904)781-0662 Dayling Phone #