Applied For Not Applicable

## **2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)**

## A9400001301 **DOCUMENT #** 1. Entity Name SOUTHRING S.C. COMPANY, LTD.



City & State

City & State

Frincipal Place of Business  SOUTHERN MANAGEMENT & DEV. LP	P.O. BOX 11229		
21301 POWERLINE RD., STE, 312 30CA RATON FL 33433	KNOXVILLE TN 37939		
2. Principal Place of Business .	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

FILED
03 APR 22 AM 8: 31
TARBAHASSEE FLORIDA

**DUE BY MAY 1, 2003** 

4. FEI Number 65-0522489

Δip	Country	Zip	Country	5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required
6	. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Re	egistere	d Agent
CLIFFORD L. WALTERS 802 11TH STREET WEST BRADENTON FL 34205		Name Street Addr	ress (P.O. Box Number is Not Acceptable)	)		
		City		F	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
	the obligations of registered agent.	

SIGNATORIC	Signature, typed or	printed name of	registered ag	ent and title it applicab	le
9. Capital Co		\$200.	000.00	10. /	۱

SIGNATURE -

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 # NAME	625859 WEST INVESTMENT COMPANY, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	G66830 NORTAM CORPORATION	STREET ADDRESS	500016686105
STREET ADDRESS CITY-ST-ZIP	60 EAST 42ND STREET, 55TH FLOOR NEW YORK NY 10165	CITY-ST-ZIP	04/22/0301081009 **526.25
DOCUMENT # NAME	G66829 TAMNOR CORPORATION	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	60 EAST 42ND STREET, 55TH FLOOR NEW YORK NY 10165	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
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 people of the section of 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 people of 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 people of 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 people of 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 people of 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 people of 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 people of the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the limited partne

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING GENERAL PARTNER