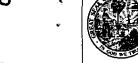
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A9400001478

1. Entity Name LIONSPAW DEVELOPMENT, LTD.



APPROVEL AHD

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Principal Place 125 E. INDIANA DELAND FL 3272	Business Mailing Address E. STE. A-2 125 E. INDIANA AVE., STE. A DELAND FL 32724		E. A-2		TAUCAMASSEC			
			•					
2. Principal Pla	ce of Business	3. Mailing Address			- 			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003				
City & State		City & State	City & State		4. FEI Number 59-3303898 Applied For			
							Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MCMAHAN, RICHARD A		١	Vame					
125 E INDIANA AVE #A-2		ాలు కృత్వాహకార్గ్రామ్ మార్క్ మామారాగ్రామ్మామ్	<u> </u>	- Street Address (P.O. Box Number		is Not Acceptable)	4	
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DELAND FL	32124		}				İ	
		•	-	City	-	FL	Zip Code	
	amed entity submits this statemen	t for the purpose of changing its	registered o	office or register	ed agent, or both	, in the State of Florida. I am far	niliar with, and accept	
the obligation	s of registered agent.						,	
SIGNATURE								
Sig	mature, typed or printed name of registered ag			<u>-</u> -	DATE			
9. Capital Contributions as Shown on record. \$4,048,000.00 in FLORIDA to date				putions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF ST SEE REVERSE SIDE FOR FEE INFORMATION				
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS EN MAY NOT be changed on t	ITITY MUS	T BE REGIST	ERED AND AC	TIVE WITH THIS OFFICE.	er	
12.		NER INFORMATION	13.			ADDRESS CHANGES ONLY		
DOCUMENT # 4	45895 Sq	e Altoched		RA	m GRE	DUP INC.		
		ticles & merces	STREET AL	DURESS 12	5 E. I	NDIANA AVE.	SUITE A-2	
	25 E. Indiana ave., suite <i>i</i>	12	CITY-ST-	700			· 1	
CITY-ST-ZIP D	ELAND FL 32724	iled with the	· · ·		ELAND	,FL: 32724	L	
DOCUMENT # NAME	R	State of Florida	STREET AL	DDRESS	,	•		
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CITY OF 7ID	•		CITY-ST-2	ZIP			İ	

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS