## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

Ur	NIFORM BUSIN	ESS REPOR	T (UBR)		
1. Entity Na	JMENT # A9400 ORTH ENTERPRISES, LTD.	0001681		FILED 03 FEB 14 PM 1: 50	
Principal Place of Business 1500-59TH STREET. W. BRADENTON FL 34209		Mailing Address 1500-59TH STREET, W. BRADENTON FL 34209		SECRETARY OF STATE TALLAHASSEE, FLORIDA	18 <b>8</b> 1 ( <b>186</b> )
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State		4. FEI Number 65-0538435 Applied	d For plicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Service Required	
<del></del> -	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
TINGWOR	OTU CTEVEN U		Name		
TINSWORTH, STEVEN H 1500-59TH STREET, W.			Street Addres	s (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34209					
			City	FL Zip Code	_
the abliga	e named entity submits this statement for	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and a	accept
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	mourell			
9. Capital Co	entributions \$1,000,00	10. Amount of Capita	Il Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF	PTATE
as Shown	OTI /OCOFO,—	in FLORIDA to de	ite	3EE REVERSE-SIDE FOR FEE INFORMATION	ON
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE RE NOTE: General Partners MAY NOT be changed on the form; an amend 12.  GENERAL PARTNER INFORMATION 13				STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
	GENERAL PARTNE	R INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	TINSWORTH, STEVEN H		STREET ADDRESS	-	
STREET ADDRESS CITY-ST-ZIP	509 65TH STREET COURT, NW BRADENTON FL 34209		CITY-ST-ZIP	<del>300012566573</del> 02/14/0301048015 **T50.00	-
DOCUMENT # NAME			STREET ADDRESS		<u> </u>
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DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS		

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

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

211-03

Daytime Phone #

CR2F003 (10/0