2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT/(UBR)

SIAPLE CHECK HENE

SIGNATURE

UN	ILOKW ROZINI						
DOCU 1. Entity Nam STOELT			FILED 03 APR 25 AM 8: 54				
Principal Place of Business 606 W. KENNEDY BLVD. TAMPA FL 33606		Mailing Address 606 W. KENNEDY BLVD. TAMPA FL 33606			SECRETAR'S TALLAHASS		A MJ9
Principal Place of Business 3. Malling Address					425		
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u></u>	DUE BY MAY 1, 2003		
City & State		City & State		<u> </u>	4. FEI Number 59-3305256 Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate of Status Desire		8.75 Additional
		7. Name and Address of New Registered Agent			ent		
	Name						
Stoeltzi 606 W. Ki Tampa Fi	Street A	Street Address (P.O. Box Number is Not Acceptable)					
	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 Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$10,000,000.00 10. Amount of Capital Cor in FLORIDA to date.				5,1a	1 /0 / 5		O FL. DEPT. OF STATE 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 STREET ADDRESS	STOELTZING, WILLIAM L 606 W. KENNEDY BLVD. TAMPA FL 33606		STREET ADDRESS		,		
CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT #	 Stoeltzing, Elvira 606 W. Kennedy Blvd. Tampa Fl 33606		STREET ADDRESS		800017 04/25/030107	11573 8024 *	:6: :587_50
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
DOCUMENT # NAME	STOELTZING, WILLIAM W		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	606 W. KENNEDY BLVD. TAMPA FL 33606		CITY-ST-ZIP				
DOCUMENT # NAME	manual m			<u> </u>			
STREET ADDRESS CITY-ST-ZIP	ESS 606 W. KENNEDY BLVD.		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 report as required by Chapter 620, Florida Statutes

0/3 009 1365 Dayline Phone #