2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

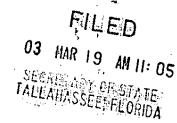
A95000000622 **DOCUMENT #**

1. Entity Name R & K BATEMAN, LTD.



Principal Place of Business 553 WINDING CREEK PLACE LONGWOOD FL 32779

Mailing Address 553 WINDING CREEK PLACE LONGWOOD FL 32779





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2. Principal Place of Business			3. Mailing Address		I (BB101) JOSO (B101) BOILL BUILL BOILL BOILL BOILL BOILL BOILL BOILL BILLO BILLO ISEC FOR
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003
City & State			City & State		4. FEI Number 59-3313307 Applied For Not Applicable
Zip	T	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
BATEMAN, RONALD J				Name	
	ING CREEK		•	Street Addr	ress (P.O. Box Number is Not Acceptable)
LONGWOOD FL 32779				<u> </u>	
			,	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. DATE 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT, OF STATE					
9. Capital Contributions as Shown on record.			in FLORIDA		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 STREET ADDRESS CITY-ST-ZIP	P95000019734 STANSFIELD & ASSOCIATES, INC. 553 WINDING CREEK PLACE LONGWOOD FL 32779			STREET ADDRESS CITY-ST-ZIP	
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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(RON BATEMAN)

9007

CR2E003 (10/02)