2003 LIMITED PARTNERSHIP

UN	NIFORM	A BUSINI	ESS REPO	RT (U	BR)			. 1	
DOCU	JMENT #	A9500		(Angel			SECRETAR DIVISION OF C	LED ((E) CORPORATIONS	
Principal Place of Business 271 LOOKOUT POINT OSPREY FL 34229			Mailing Address 271 LOOKOUT POINT OSPREY FL 34229			- 			
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 65-0621234 Applied For				
Zip	Zip Country		Zip	Zip Country		5. Certificate	of Status Desired	Not Applicable \$8.75 Additional Fee Required	
,,	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
WETSTONE, NORDEN				N	Name .				
271 LOOKOUT POINT OSPREY FL 34229				Si	Street Address (P.O. Box Number is Not Acceptable)				
ON HELF PRED					City Zip Code				
8. The above the obliga	e named entity su ations of registered	abmits this statement for d agent.	r the purpose of changing	its registered of	fice or registere	ed agent, or both		Zip Code am familiar with, and accept	
SIGNATURE	Signature typed or or	inted name of registered agent a	nd title if analisable				·		
9. Capital Contributions as Shown on record. \$245,000.00			10. Amount of Capital Contributions 45, 000 in FLORIDA to date.			0,00	11. MAKE CHECK PAYA	BLE TO FL. DEPT. OF STATE	
	A GEI NOTE: G	NERAL PARTNER T eneral Partners MA	HAT IS A RUSINESS E	NTITY MUST	BE DECIST	ERED AND A	OTIVE WITH THE OFF	FOR FEE INFORMATION FICE.	
12. GENERAL PARTNER II			INFORMATION	NOT be changed on the form; an amendmen			ADDRESS CHANGES ONLY		
DOCUMENT # NAME	WETSTONE, NORDEN		100	STREET ADD	DRESS			Oraci	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZI	Р				
DOCUMENT / NAME	WETSTONE, NANCY 271 LOOKOUT POINT OSPREY FL 34229			STREET ADD	PRESS	·····			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZII					
DOCUMENT # NAME		•	in the property of the second	STREET ADD	RESS	01/13	3001 006 3/03010940	006 **535.00	
STREET ADDRESS CITY-ST-ZIP		_		CITY-ST-ZIF					
DOCUMENT # NAME			<u> </u>	STREET ADD	RESS	.			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	,				
DOCUMENT # NAME			•	STREET ADDA	RESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS				STREET ADDR	RESS				
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:**

Jan 7 2003 94/9/89807