2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A95000001465 DOCUMENT

1. Entity Name

Principal Place of Business 4881 N.W. 8TH AVENUE, SUITE 2

2. Principal Place of Business

GAINESVILLE FL 32605

Suite, Apt. #, etc.

KRUEGER, DAVID

SUITE B3

2622 NW 43RD ST.

City & State

Zip

DBL PROPERTIES OF NORTH FLORIDA, LTD.

Country



Mailing Address 4881 N.W. 8TH AVENUE. SUITE 2 GAINESVILLE FL 32605

3. Mailing Address

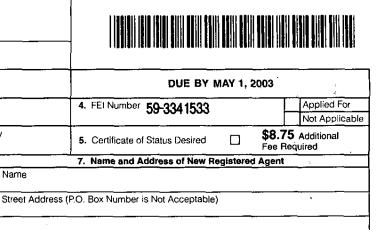
City & State

Zip

Suite, Apt. #, etc.

FILED 03 APR -7 AM 4: 30 SECHETAR POR STATE.

TALLATIASSEE, FLORIDA



GAINESVILLE FL 32606 City 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.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

\$130,000.00

6. Name and Address of Current Registered Agent

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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	L02000001181 MEDICAL PROPERTIES, LLC	STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP	4881 N.W. 8TH AVENUE, SUITE 2 GAINESVILLE FL 32605	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	500015437485 04/07/0301075023 **526,25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # 1		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	D
DOCUMENT # NAME		STREET ADDRESS	17K
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	7 C.
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

SIGNATURE:

SIAFLE CHEUN HEHE

SIGNATURE AND

Date Daytime Phone #