UN	2003 IFOR	LIMITED M BUSINE	PARTNERS SS REPOR	SHII T (U	P JBR))	en e	r A
DOCUMENT # A9600000396 1. Entity Name TUCK INTERESTS, LTD.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	1/24
Principal Place of Business 68 MAMMOTH GROVE ROAD 68 MAMMOTH GROVE RO 68 MAMMOTH GROVE						<u>-</u>	03 FEB 24 PM 3: 23) arab ika saka s iki i a a
Principal Place of Business P.O. Box 23								
Suite, Apt.	Suite, Apt. #, etc.	C.			DUE BY MAY 1, 2003			
City & Star	te		City & State Lake Wales, FL				4. FEI Number 59 3353236 59-3365195	Applied For Not Applicabl
Zip		Country	Zip 33859-0231	Count USA	•			8.75 Additional se Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
UPDIKE, LAWRENCE C 68 MAMMOTH GROVE ROAD LAKE WALES FL 33853					Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
The above named entity submits this statement for the purpose of changing its re the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					d office or	registere	_90001303271	
9. Capital Contributions as Shown on record. \$1,387,200.00 10. Amount of Capital in FLORIDA to dat					ibutions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A C NOTE:	ENERAL PARTNER T General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on th	TITY MI ne form;	JST BE R	REGIST	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partn	er.
12.		GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES ONLY	
DOCUMENT / NAME TAYLOR, LETTA JEAN P.O. BOX 95, N/A					ET ADDRESS ST-ZIP			
CITY-ST-ZIP DOCUMENT # NAME	CLEGG, KATHERINE U P.O. BOX 155, N/A			1	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP			
OCUMENT / IAME UPDIKE, JOHN C JR. 1434 N. CROOKED LAKE DRIVE					T ADDRESS	,		.: .
CITY-ST-ZIP DOCUMENT #	BABSON P	ARK FL 33827		+				
name Street address City-St-Zip	REET ADDRESS 8408 SOUTH ELWOOD AVENUE				T ADDRESS ST-ZIP			
DOCUMENT /				STREE	T ADDRESS			
STREET ADDRESS				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

CITY-ST-ZIP

STREET ADDRESS

MENATURE REGMATIPALE, Jr., SIGNATURE: HE

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

> 863-696-1487-Daytime Phone #