2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000469 1. Entity Name MCGEHEE REALTY OF MIAMI, LTD. Principal Place of Business Mailing Address					FILED 03 AFR 30 AM 10: 33	
3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207				!	SEGRETARY OF STATE TALLAHASSES, FLORIDA	
2. Principal Place of Business 3. Mailing Address				.	T I COCCOCH HOLD COLLO BULLI BOLLI SBULL BOLLI BOLLI BOLLI BELLI BLAID BULLI HOLLI T	
Suite, Apt. #, etc. Suite, Apt. #, etc.			_		DUE BY MAY 1, 2003	
City & State City & State		City & State			4. FEI Number 59-3365126 Applied For Not Applicable	
Zip	Country .	Zip Count		ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	
MCGEHER	E, F. SUTTON JR.	,		Name		
3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207				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 ————————————————————————————————————						
9. Capital Contributions as Shown on record. \$400,000.00 10. Amount of Capital Contri				utions	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		13.	an amendmen	ADDRESS CHANGES ONLY	
DOCUMENT #	340991 ASBURY REALTY COMPANY			T ADDRESS	7,20,1300 01,1112,0112	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT / NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	800017544828	
DOCUMENT / NAME			STREE	T ADDRESS	04/30/0301023033 **526.25	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT# NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME		•	STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP	<u> </u>		CITY-S	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY_ST-ZIP			CITY-S	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: .

STAPLE CHECK HERE

904.348-33**00**