2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

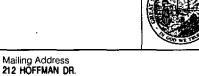
A96000001240 **DOCUMENT #**

1. Entity Name APÁLACHEE ENTERPRISES, LTD.

Principal Place of Business 625 E. TENNESSEE. STE 200

as Shown on record.

TALLAHASSEE FL 32308



TALLAHASSEE FL 32312

FILED.

03 APR 24 AM 10: 54

| 2. Principal Place | e of Business | 3. Mailing Address | | | | |
|---|---------------|---------------------|------------|---|-----------------------------------|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DUE BY MAY 1, 2003 | | |
| City & State | | City & State | | 4. FEI Number 59-3392233 Applied For Not Applicable | | |
| | | | | | Not Applicable | |
| Zip | Country | Zip | Country | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| OWEN WILDE | . Judith | | Name | | | |
| 212 HOFFMAN DR | | | Street Ade | Street Address (P.O. Box Number is Not Acceptable) | | |
| TALLAHASSE | | | <u> </u> | | | |

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 Fiorida. 1 am familiar with, and accept the obligations of registered agent.

City

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

9. Capital Contributions \$24,000.00 10. Amount of Capital Contributions 24,000,00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

Zip Code

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 | OWEN, WILLIAM C 2803 RABBIT HILL ROAD TALLAHASSEE FL 32312 | STREET ADDRESS CITY-ST-ZIP | 500016818945 04/24/0301005021 **256,75 | | | | |
| DOCUMENT # NAME STREET ADDRESS | WILDE, JUDITH O 212 HOFFMAN DRIVE | STREET ADDRESS | 0 W.E.W. 0.2 - 01003 - 0.21 - 17.2.3 - 1.3 | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | CITY-ST-ZIP | | | | | |
| DOCUMENT /NAME | | STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | , | | | | |
| DOCUMENT # NAME | | STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |
| DOCUMENT # | NV. | STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |
| DOCUMENT # NAME | 1 | 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: