2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001849

1. Entity Name
BIG SKY PARTNERS, LTD.

FILED
03 JUL 17 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1592 COMPASS COURT KISSIMMEE FL 34744	717 E. OAK ST. KISSIMMEE FL 34744

2. Principal Place of Business	3. Mailing Address
1654 Marina Lake Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State
Zip: 34744 Country: USA	Zip: Country:

4. FEI Number 59-3404313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWART, HARRY 717 E. OAK ST. KISSIMMEE FL 34744	Name Street Address (P.O. Box Numbers 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$60,000.00	

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 #		STREET ADDRESS	1654 Marina Lake Drive
NAME	TANZILLO, ANDREW H	CITY-ST-ZIP	Kissimmee, FL 34744
STREET ADDRESS	1592 COMPASS COURT		
CITY-ST-ZIP	KISSIMMEE FL 34744		
DOCUMENT #		STREET ADDRESS	1654 Marina Lake Drive
NAME	TANZILLO, JANICE E	CITY-ST-ZIP	Kissimmee, FL 34744
STREET ADDRESS	1592 COMPASS COURT		
CITY-ST-ZIP	KISSIMMEE FL 34744		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400018450034 05/07/03--01038--023 **420.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400018450034 07/17/03--01015--002 **68.75
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE LABELS HERE

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: [illegible] REQUIRED 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #