2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Nam	MENT # A9600 MILY PARTNERSHIP, LTD.	PILED 03 APR - 4 AM 10: 00				¥ ≥			
Principal Place of Business 8330 SANDERLING ROAD SARASOTA FL 34242		Mailing Address 8330 SANDERLING ROAD SARASOTA FL 34242			SECRETARY OF STATE TALLAHASSEE, FLORIDA				l i
2. Principal P	Place of Business	3. Mailing Address							ll .
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State		City & State			4. FEI Number	59-3413896		Applied For Not Applica	_
Zip	Country	Zip	Coun	try	5. Certificate of S	Status Desired	□ \$8.7 Fee R	5 Additional equired	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Ad	dress of New Reg	istered Agent		\Box
LUR I SAZA C	DD & HENDEDOON	•		Name					
HILL, WARD & HENDERSON 101 EAST KENNEDY BOULEVARD SUITE 3700				Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602-0000				City FL Zip Code				p Code	\dashv
	named entity submits this statement ions of registered agent.	for the purpose of changing i	its registere	ed office or registe	ered agent, or both, in	the State of Florid	da. I am familia	with, and acce	pt
SIGNATURE -	Signature, typed or printed name of registered age	ent and title if applicable.					DATÉ .		
9. Capital Co as Shown		10. Amount of Car in FLORIDA to		outions		11. MAKE CHECK I SEE REVERSE	PAYABLE TO FL Side for Fee I		E
	NOTE: General Partners I					change a gene	eral partner.		
12.	GENERAL PARTN	ER INFORMATION	13.	·		ADDRESS CHAN	IGES ONLY		ᆜᇷ
DOCUMENT # NAME STREET ADDRESS				ET ADDRESS -ST-ZIP					CR2E003 (10/02)
DOCUMENT #	SARASOTA FL 34242								- J82K
NAME STREET ADDRESS CITY-ST-ZIP	WHITE, GORDON ANN 8 8330 SANDERLING ROAD 8 SARASOTA FL 34242		CITY	CITY-ST-2IP					
DOCUMENT # NAME			STRE	ET ADDRESS	300	01529	6573	 S 25	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME	,		STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			· 	. =,.	
DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS					_
CITY-ST-ZIP				-ST-ZIP	<u></u>				
indicated	pertify that the information supplied we on this report is true and accurate are fer or trustee empowered to execute to the contract of the co	id that my signature shall have	e the same	e legal effect as if n	ection 119.07(3)(i), F made under oath; tha	lorida Statutes. I fu it I am a General P	irther certify that artner of the lim	t the information lited partnership	or