

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004886 AV

DOCUMENT # **A97000000002**

1. Entity Name
STONE CIVIX, LTD.



FILED

03 FEB -5 AM 9:19

Principal Place of Business
**635 S. ORANGE AVE., SUITE 10
SARASOTA FL 34236**

Mailing Address
**635 S. ORANGE AVE., SUITE 10
SARASOTA FL 34236**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0717253	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATTERSON, JOHN 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA FL 34236		Name	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____
9. Capital Contributions as Shown on record. \$900.00	10. Amount of Capital Contributions in FLORIDA to date.	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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000086963	STREET ADDRESS	
NAME	STONE PALMER, INC.	CITY-ST-ZIP	100011890901
STREET ADDRESS	635 S. ORANGE AVENUE		02/05/03 01033-001 **141.25
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 629, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0004886 (10/02)

M THOMAS

Keri Nakamoto
SIGNATURE REQUIRED

Keri Nakamoto 1/6/03 9/19/29/12

STAPLE CHECK HERE