2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)												
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1. Entity Nam SLOPPY				C	3 APR 22	3 MA	j: 47		-			
					V	IEE		SECRETAR	Y OF S	TATE	:	
Principal Place of Business 41 W. CHURCH STREET. SUITE 200 41 W. CHURCH STREET. ORLANDO FL 32801 Mailing Address 41 W. CHURCH STREET. ORLANDO FL 32801 ORLANDO FL 32801					0		Ť.	SECRETAÑ ALLAHAS	SEE FL	ORIDA	MIJH	7
						ĺ						
2. Principal P	Place of Business	-1111	3. Mailing Address)	
Suite, Apt. #, etc.			100 EAST PINE STA			71	4100				 	٦.
SVITE 608			SVITE 608		DUE BY MAY 1, 2003							
OF ANOO, FL			City & State OFLANCO		4. FEI Number 59-3420588				pplied For lot Applicable	-		
Zip 328	301 00	untry USA	Zip 32801	Coun	SA SA		5. Certificate	of Status Desired		\$8.75 Ac		1
				7. Name and	Address of Nev	v Register	ed Agent		_]_			
HADLOW, RICHARD B ESQ.					Name WALLI 61BSON							
220 SOUTH FRANKLIN STREET					Street Ac	Idress (F	O. Box Number	is Not Accepta	ble) Sa	LITE 60	7	7
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		·			City	DL	AN00			EL Zip Coo	lho1	1
			he purpose of changing it	s registere	ed office or			n, in the State of	Florida. I	am familiar with	, and accept	1
the obligat	MARK	LF. (2005	501		3/3	31/07					
SIGNATURE -	1111		10 -			DA	LE TILO)		}			
9. Capital Co as Shown	tal Contrib date.	outions					BLE TO FL. DEP FOR FEE INFO]			
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.												1
12.	MOTE. GCI	GENERAL PARTNER I		13.	- un anner	Million	most be met	ADDRESS C				┨
DOCUMENT #	P96000093844			STRE	ET ADDRESS	100	0		Naca-	COTTE	1.12	18
NAME MILLENNIUM 7TH AVE., INC. STREET ADDRESS 41 W. CHURCH STREET, SUITE 20			10		100		EAST P	INE OIL	roci,	SOTIE	600	18
CITY-ST-ZIP ORLANDO FL 32801				CITY-	-ST-ZIP	Ofi	MN00, 1	FL 3:	2801			CR2E003 (10/02)
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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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIAPLE CHECK HEME

SIGNATURE ZEQUIRED

IGNATURE AND TYPED OF BUTTER GENERAL PARTNER

MARKI.GIBSON

3/31/03

407-425-6826

Daytime Phone #