

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021226 FP

DOCUMENT # A97000000256 1. Entity Name LEE COURT ASSOCIATES, LTD.	
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FILED
03 MAY -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 18091 N. A1A. OCEAN DRIVE JUPITER FL 33477	Mailing Address 18091 N. A1A. OCEAN DRIVE JUPITER FL 33477
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2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State	City & State	4. FEI Number	65-0798765	Applied For	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 CLEGG, RICHARD R 18091 N. A1A, OCEAN DRIVE JUPITER FL 33477	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: right; width: 80%;">FL</td> <td style="border: none;">Zip Code</td> </tr> </table>	FL	Zip Code
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. \$11,100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	G84991	STREET ADDRESS	
NAME	SHERLOCK HOMES FINDERS INTERNATIONAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	JUPITER MALL, 201 U.S. HIGHWAY ONE	CITY-ST-ZIP	100018204041
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	05/06/03--01097--010 **141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
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: ~~SIGNATURE REQUIRED~~ RICHARD R. CLEGG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CF2E003 (10/02)

SIMPLE CHECK HERE