1. Entity Nam	ne .						- TABY OF	STATE	- 11	•	-
ESCAPE III, LTD.						St	CRETARY OF SION OF CORP	ORATIONS	( '		
						יייוט	JAN 16 A	HII: 28			
Principal Place of Business Mailing Address						02	JAM 10 .				
5850 BAHIA WAY 3: ST: PETE BEACH FL 33706 See below ST. PETE BEACH FL 33706					e Bel	low)					
2. Principal Place of Business			3. Mailing Address					818 18111 I BBII 88111 PI	()) <b>66</b> ))/ <b>85</b> (*) <b>66</b>	##1  ##4  <b>    </b> ##1   ##1  ##1  ##	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
City & State			City & State				4. FEI Number	59-3469865	j	Applied For Not Applicab	e
Zip		Country	Zip	Country			5. Certificate of	Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent					1		7. Name and A	ddress of New F	egistered Ag	gent	
2004			m		Name -					- <del></del>	
MILLER, RANDELL ESQ.					Street Address (P.O. Box Number is Not Acceptable)						
HINES & ASSOCIATES, P.A.					Sileer Au	iui ess (r	.O. Box Number	is Not Acceptable	<del>-</del> ,		
315 S. H	YDE PARK	AVENUE									
TAMPA FL 33606					City	FL Zip Code					
8. The above	named entity	submits this statement for the	purpose of changing its	register	ed office or i	registere	ed agent, or both,	in the State of Flo	orida.		
SIGNATURE.		or printed name of registered agent and titl									
						DATE		4			
9. Capital Contributions as Shown on record. \$500,000.00 In FLORIDA to date					butions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
		ENERAL PARTNER THA General Partners MAY N									
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY					<u></u>	$\Box_{\sim}$
DOCUMENT #			_	STRE	EET ADDRESS		201	. 1	•		Ę
NAME					_						٦ ۾
STREET ADDRESS CITY-ST-ZIP						57	286-107-AUENUE T. PETERSBURG, FL. 33706				ם
DOCUMENT # NAME	LEONA JI	EAN POLAND, TRUSTEE		STRE	EET ADDRESS		286-107	7 AUE	v u E		
STREET ADDRESS CITY-ST-ZIP		<del>ila wax-s</del> Beacht Fl-88796		CITY	'-ST-ZIP	Sī				33706	
DOCUMENT /					EET ADDRESS		-	****			7

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 'A9700001021

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

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CITY-ST-ZIP DOCUMENT #

NAME : STREET ADDRESS

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REFERANTERODAND

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