


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014123 AT

<b>DOCUMENT #</b> A97000001435	
1. Entity Name <b>HAMMESFAHR LIMITED PARTNERSHIP</b>	

**FILED**  
03 APR 28 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
*MJH*

Principal Place of Business <b>600 DRUID ROAD EAST CLEARWATER FL 33756</b>	Mailing Address <b>600 DRUID ROAD EAST CLEARWATER FL 33756</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3460106</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>HAMMESFAHR, WILLIAM 600 DRUID ROAD CLEARWATER FL 34616</b>	

7. Name and Address of New Registered Agent	
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 *[Signature]* DATE *4/14/03*

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>	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 #	<b>HAMMESFAHR, WILLIAM M TRUSTEE 600 DRUID ROAD EAST CLEARWATER FL 33756</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	<b>HAMMESFAHR, GINA P TRUSTEE 600 DRUID ROAD EAST CLEARWATER FL 33756</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>300017128813</b>
NAME		CITY-ST-ZIP	<b>04728/03--01026--007 **526.25</b>
STREET ADDRESS			
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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 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** *4/14/03* **727-461-4464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE