## **2003 LIMITED PARTNERSHIP** BR)

UNIFORM	BUSINESS REPORT (	U
DOCUMENT #	A9700001893	

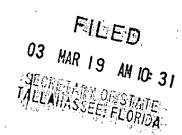
1. Entity Name

KATEMAND FAMILY LIMITED PARTNERSHIP



Principal Place of Business 3534 SWANS LANDING LAND O'LAKES FL 34639

Mailing Address 3534 SWANS LANDING LAND O'LAKES FL 34639





2. Principal Place of Business		3. Mailing Addre	3. Mailing Address			( )			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			DUE BY MAY 1, 2003			
City & State			City & State	City & State			4. FEI Number 59-3466439 Applied For Not Applicable		
Zip		Country	Zip	Coun	5 Certificate of Status Desired 11 Y 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			8.75 Additional ee Required	
	6. Name	and Address of Curre	ent Registered Agent			7. Name and A	ddress of New Registered A	gent	
HULL, KURT H 3534 SWANS LANDING LAND O'LAKES FL 34639					Name Street Address (P.O. Box Number is Not Acceptable)				
•					City FL Zip Code				
	named entity		t for the purpose of cha	anging its registere	ed office or regis	stered agent, or both,	in the State of Florida. I am fa	miliar with, and accept	
_	· ·	ored agent.	•						
SIGNATURE.	Signature, typed	or printed name of registered ag	ent and title if applicable.				DATÉ		
9. Capital Contributions as Shown on record. \$540,000.00 In FLORIDA to date					outions	itions  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT SEE REVERSE SIDE FOR FEE INFORMATION			
	A (	GENERAL PARTNE General Partners	R THAT IS A BUSIN MAY NOT be chang	ESS ENTITY Miged on the form	UST BE REGI ; an amendm	ISTERED AND AC	TIVE WITH THIS OFFICE. to change a general part	ner.	
12. GENERAL PARTNER INFORMATION 13.				13.	ADDRESS CHANGES ONLY				
DOCUMENT #	HULL, KU	RT H		STRE	ET ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP	EET ADDRESS 3534 SWANS LANDING			CITY	-ST-ZIP				
DOCUMENT #			<u></u> .	STRE	ET ADDRESS		001438153		
STREET ADDRESS CITY-ST-ZIP -		<del></del>	*** * <u>*</u> .	CITY	-ST-ZIP	<del>18/19/</del>	9391078012* -	The Car have	
DOCUMENT #			<del></del> .	STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			•	CITY	-ST-ZIP				
DOCUMENT # NAME			'a.	STRE	ET ADDRESS	1	61/		
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP				
DOCUMENT #				STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-	-ST-ZIP				
DOCUMENT # NAME				STREE	ET ADDRESS				
STREET ADDRESS 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:**