## 2002 UNIFORM BUSINESS REPORT (UBR)

	OCUMENT # A9700002222					r (LEI)		
GEORGE C. CLARK INVESTMENTS, LTD.					02 JAN 30 PM 12: 52  SECRETARY OF STATE TALLAHASSEE, FLORIDA			
								Principal Place of Business  2520 SUNSET POINT ROAD  LOT 45  CLEARWATER FL 33765  Mailing Address  2520 SUNSET POINT RO  LOT 45  CLEARWATER FL 33765
. Principal Pl	lace of Business	3. Mailing Address	. Mailing Address		-  			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002			
City & State		City & State	City & State		4. FEI Number	59-3475617	Applied For Not Applicable	
Zip	Country	Zip	Zip Country			f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CLARK, GEORGE C				Street Address (P.O. Box Number is Not Acceptable)				
2520 SUNSET POINT ROAD LOT 45								
CLEARWATER FL 33765				City FL Zip Code				
. The above	named entity submits this statement	for the purpose of changing	j its register	ed office or regist	ered agent, or both	, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable.				DAT	TE .	
9. Capital Contributions as Shown on record.  \$5,500,000.00  10. Amount of Capital Contributions in FLORIDA to date.							BLE TO DEPT. OF STATE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS	ENTITY M	IUST BE REGI	STERED AND AG	CTIVE WITH THIS OFF	ICE. partner.	
2.	GENERAL PARTN		13.	,		ADDRESS CHANGES		
ocument <b>#</b> Ame	P97000086215 GEORGE C. CLARK ENTERPRI		. STRI	EET ADDRESS				
TREET ADDRESS ITY-ST-ZIP	2520 SUNSET POINT ROAD, LOT 45 CLEARWATER FL 33765			'-ST-ZIP				
OCUMENT # IAME			STRI	EET ADDRESS				
TREET ADDRESS			CITY	'-ST-ZIP				
OCUMENT #		*****	STRI	EET ADDRESS				
TREET ADDRESS			CITY	'-ST-ZIP	90	-02/06/02 -02/06/02 *****526.29	20592 -01010018 	
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TREET ADDRESS			CITY	/-ST-ZIP				
OCUMENT # IAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CITY	Y-ST-ZIP				
DOCUMENT #  IAME  TREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP.	partify that the information sympling w	ith this filing does not qualif		r-ST-ZIP	Section 119 07(3)(i)	Florida Statutes I further	certify that the information	
indicated	certify that the information supplied w on this report is true and accurate ar	nd that my signature shall h	ave the sam	e legal effect as i	f made under oath;	that I am a General Partne	er of the limited partnership or	