

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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|---|---|
| DOCUMENT # A97000002363 1. Entity Name SAHLMAN FAMILY, LTD. |  |
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FILED

03 JAN 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business 1601 SAHLMAN DRIVE TAMPA FL 33605 | Mailing Address 1601 SAHLMAN DRIVE TAMPA FL 33605 |
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| 2. Principal Place of Business 1601 Sahlman Drive | 3. Mailing Address 1601 Sahlman Drive |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

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|----------------------------------|----------------------------------|
| City & State Tampa, FL | City & State Tampa, FL |
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|---------------------|--------------------------|---------------------|--------------------------|
| Zip 33605 | Country U.S.A. | Zip 33605 | Country U.S.A. |
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| DUE BY MAY 1, 2003 | |
| 4. FEI Number 59-3479323 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |

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| 6. Name and Address of Current Registered Agent SAHLMAN, CHARLES W 1601 SAHLMAN DRIVE TAMPA FL 33605 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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.

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| 9. Capital Contributions as Shown on record. \$2,400,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$2,322,777 | 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. \$526.25

| 12. GENERAL PARTNER INFORMATION | 13. ADDRESS CHANGES ONLY |
|---|--|
| DOCUMENT # NAME SAHLMAN, CHARLES W STREET ADDRESS 1601 SAHLMAN DRIVE CITY-ST-ZIP TAMPA FL 33605 | STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 800010384988 01/21/03--01037--019 **526.25 </div> |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | 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:  **Charles W. Sahlman 1/13/03 (813)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date **1/13/03** Daytime Phone **813-488-5726**

CR2E003 (10/02)