1. Entity Name SHELDON ROAD LIMITED PARTNERSHIP



Principal Place of Business 6000 COMPTON ESTATES WAY TAMPA FL 33647

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 6000 COMPTON ESTATES WAY

TAMPA FL 33647

3. Mailing Address

Suite, Apt. #, etc.

FILED 03 JAN 29 PM 12: 28 SECRETARY DE STATES
TALEAHASSEE ELORIDA



DUE BY MAY 1, 2003

Applied For

City & State		City & State		4. FEI Number 59-3481948		Applied For Not Applicable		
Zíp	Country	Zip	Coun	ntry	5. Certificate of Status		8.75 Additional ee Required	
	6. Name and Address of Current	t	7. Name and Address of New Registered Agent					
INGLIS, JOHN S				Name				
SHUMAKER, LOOP & KENDRICK, LLP				Street Address (P.O. Box Number is Not Acceptable)				
101 E. KE	NNEDY BLVD., SUITE 2800							
TAMPA FL 33602				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, typed or printed name of registered agent and title if applicable.						DATE		
9. Capital Contributions as Shown on record. \$1,000.00 in FLORIDA to da				butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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					ADDRESS CHANGES ONLY			
DOCUMENT #								
NAME	REET ADDRESS 6000 COMPTON ESTATES WAY			EET ADDRESS	<u></u>			
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP								
DOCUMENT #	ME .			EET ADDRESS				
NAME								
STREET ADDRESS			City	CITY-ST-ZIP				
CITY-ST-ZIP							<u></u>	
DOCUMENT #			STR	EET ADDRESS				
NAME					- بور رسین رمین رمین سیمور	م رئین رئین ہیں۔		
STREET ADDRESS CITY-ST-ZIP			CITA	Y-ST-ZIP	500011178815 01/29/0301038003 **291.25			
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS			ĆID.	Y-ST-ZIP				
CITY-ST-ZIP			GIT	1-31-ZH				
DOCUMENT / NAME			STR	EET ADORESS	M			
STREET ADDRESS				Y-ST-ZIP	101			
DOCUMENT #			STR	IEET ADDRESS				
NAME STREET ADDRESS			CITY	Y-ST-ZIP				
CITY-ST-ZIP 14. L bereby certify that the information supplied with this filing does not qualify for the ex-							£ 45 4 45 5 5 5 5 5 5 5	
14 I hereby o	certify that the information supplied with	n this filing does no	ot qualify for the exe	emption stated in l	Section 119.07(3)(i), Florida	Statutes. I further cert	ty 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 empowared to execute this report as required by Chapter 620, Florida Statutes

Shelper Road Corporation, general partner

URE REWITTERFANSLER, Director

01/08/2003

813/910-7914

CR2E003 (10/02)