2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

PALM CITY FL 34990 - 8096

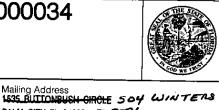
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CREEK Rd

PALM CITY FL 34990 -

Entity Name
 WEISSMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business 1535-8UTTONBUSH-CIRCLE 504 WINTES



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TALLAHASSEE, FLORIDA



2 Principal	8096 Place of Business	2 Mellen Add		
- I maining radioss		eas Creek Rd		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003
City & Sta	icity FL	City & State PALH CITY	FL	4. FEI Number 04-3396675 . Applied For
Zip 34990	-5096 Country	Zip 34990 · 8096	Country .	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				77. Name and Address of New Registered Agent
WEISSMA	an, robert j		Name	EISSMAN ROBERT J.
PALM CITY FL 34990 - 8096 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) STREET ADDRESS CREEK Rd				
		•	City PAL	M CITH TO CH
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.				
9. Capital Contributions as Shown on record. \$5,000.00 10. Amount of Capital in FLORIDA to date				DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTI	NERTHAT IS A BUSINESS ENT	ITY MUST BE REGIS	STEDED AND ACTIVE WITH THE OFFICE
12.	GENERAL PA	RTNER INFORMATION	13.	ent must be filed to change a general partner.
DOCUMENT #		TOTAL OF THE PARTY		ADDRESS CHANGES ONLY
NAME	WEISSMAN, ROBERT J	- FOUL WATERS COOK	STREET ADDRESS	504 WINTERS CREEK Rd.
STREET ADDRESS CITY-ST-ZIP	PALM CITY FL 34990 ~ 80	E 504 WINTERS COOK 196 RJ	CITY-ST-ZIP	FALM City - FLA 34990 - 8096
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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: