


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

4/4/03

0013326 AT

<b>DOCUMENT # A98000000133</b> 1. Entity Name <b>DODSON LIMITED PARTNERSHIP</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -4 PM 4:18



Principal Place of Business 3122 WEST OAKLYN AVE. TAMPA FL 33609	Mailing Address 3122 WEST OAKLYN AVE. TAMPA FL 33609
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2. Principal Place of Business <b>4131 N. RIVERVIEW AVE</b>	3. Mailing Address <b>4131 N. RIVERVIEW AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>
Zip: <b>33609</b> Country: <b>USA</b>	Zip: <b>33609</b> Country: <b>USA</b>

4. FEI Number <b>59-3485768</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
HIBBS, JEAN D 3122 WEST OAKLYN AVE. TAMPA FL 33609

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable) <b>4131 N. RIVERVIEW AVE</b>
City <b>TAMPA</b> FL Zip Code <b>33609</b>

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.

9. Capital Contributions as Shown on record. <b>\$2,185,000.00</b>
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10. Amount of Capital Contributions in FLORIDA to date.
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**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	
DOCUMENT #	<b>HIBBS, JEAN D</b>
NAME	<b>3122 WEST OAKLYN AVE.</b>
STREET ADDRESS	<b>TAMPA FL 33609</b>
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>4131 N. RIVERVIEW AVE</b>
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200015296172</b>
CITY-ST-ZIP	<b>04/04/03--01003--020 **526.25</b>
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:** JEAN D. HIBBS, GP **JEAN D. HIBBS, GP** 3/28/03 813 348 9172  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)