## 2003 LIMITED PARTNERSHIP

UNIFORM	<b>BUSINESS</b>	REPORT	(UBI
DOCUMENT #	A9800000	0196	

1. Entity Name

EDGAR-PETTEWAY FAMILY LIMITED PARTNERSHIP



FILED

03 MAR 10 AM 9:00 SECKE IAKY OF STATE ALL AHASSEE FLORIDA Principal Place of Business Mailing Address 640 N.W. 10TH STREET 6214 BLACKBERRY LANE CRYSTAL RIVER FL 34429 BRADENTON FL 34202-2008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number - 65-0810242 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDMOND, SUSAN Street Address (P.O. Box Number is Not Acceptable) 6214 BLACKBERRY LN **BRADENTON FL 34202-2008** Zip Code City 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 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$80,000.00 in FLORIDA to date. 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 13. DOCUMENT # STREET ADDRESS REDMOND, SUSAN NAME 6214 BLACKBERRY LN STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202-2008** CITY-ST-ZIP <del>7000137341</del> DOCUMENT # 03/10/03--01075--023 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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: