## **2003 LIMITED PARTNERSHIP**

UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # A9800000321  1. Entity Name THE MIDDLEBROOKS INVESTMENT GROUP, LTD.					O3 MAR 19 PM 12: 27	
Principal Place of Business 618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312		Mailing Address 618 LIVE OAK PLANTATIO TALLAHASSEE FL 32312	IN ROAD		SECRETARY OF STATE  TALLATIASSEE FLORIDA	
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 59-3491210 Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Address of New Registered Agent	
MIDDLEBROOKS, HARRY SR. 618 LIVE OAK PLANTATION ROAD TALLAHASSEE FL 32312					(P.O. Box Number is Hot Acceptable)  Wenve	
				City -/all	Pahassee FL Zin Code 32303	
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  10. Amount of Capital Contributions  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE					
	as Shown on record. see REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the						
12.	GENERAL PARTNE	RINFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	M SOUTH CORPORATION				526 E. 7th Avenue	
CITY-ST-ZIP	TALLAHASSEE FL 32312		ÇIIT	/-ST-ZIP	Tallahussee FL 32303	
NAME			STRE	EET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			CITY	f-ST-ZIP		
DOCUMENT / NAME		~	STRE	EET ADDRESS	000014326730 03/19/03-01002-019 **535.00	
STREET ADDRESS			CITY	r-ST-ZIP	·	
NAME			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	N.V.	
NAME			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
NAME			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				'-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: 9456950TULE TELEVISION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J-F-LE

of M South corporation

Daytime Phone #