2003	LIMITED I	PARTNE	RSHIP
JNIFORI	M BUSINES	S REPO	RT (UBR

1. Entity Nam		000431	Ţ.				IA		<u>*</u>
Principal Place of Business 1333 VISTA DRIVE SARASOTA FL 34239  Mailing Address 1333 VISTA DRIVE SARASOTA FL 34239  SARASOTA FL 34239			3	03 SFP 15 DW 10					
4									
2: Principal Place of Business 3. Mailing Address				TALLAHASSEE, FIORISA					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
City & State	3. State City & State				4. FEI Number	65-0833546		Applied Fo	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Addition Fee Required			e Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Regi	stered Ag	ent	_
LEVINE. L	AWRENCE			Name					
1333 VIST			<del></del>	-Street Address	(P.O. Box Number	is Not Acceptable)~			
SARASOT	A FL 34239							***··	
•4-				City			FL	Zip Code	$\dashv$
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	register	ed office or regist	ered agent, or both	, in the State of Florida	a. I am far	niliar with, and acce	ept
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable.					DATE	<u></u>	
9. Capital Co as Shown o		10. Amount of Capita in FLORIDA to da		butions (16	630	11. MAKE CHECK P SEE REVERSE S		) FL. DEPT. OF STA EE INFORMATION	TE
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY M	IUST BE REGIS	STERED AND A	CTIVE WITH THIS	OFFICE.		
12,	NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION		13.	orm; an amendment must be filed to change a general partner.  ADDRESS CHANGES ONLY			er.		
DOCUMENT #	GENERAL PARTNER	TIVEORIVIATION	_			ADDITION OF IAIN	aco Olivei		୷ଃ
NAME	LEVINE, LAWRENCE A		STR	EET ADDRESS		002159	010	II)	
STREET ADDRESS CITY-ST-ZIP	1333 VISTA DRIVE SARASOTA FL 34239		CITY	Y-ST-ZIP	09/15/0301019002 **488.75				CR2E003 (10/02)
DOCUMENT # NAME	LEVINE, EMILY H		STR	EET ADORESS	000021590100 07/16/190045001 **497.50				
STREET ADORESS CITY-ST-ZIP	1333 VISTA DRIVE SARASOTA FL 34239		CITY	r-ST-ZIP	57, 10, 0			101100	
DOCUMENT # NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	<del></del>	-	CITY	r-ST-ZIP				· _•	
DOCUMENT # NAME			STR	EET ADORESS		,			
STREET ADDRESS CITY-ST-ZIP		•	CITY	r-st-zip	۸				
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STREET ADDRESS CITY-ST-ZIP	~~		CITY	/-ST-ZIP					
DOCUMENT # NAME			STR	EET ADDRESS				· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP			•		
indicated	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi	that my signature shall have t	the same	e legal effect as if	Section 119.07(3)(i) made under oath;	, Florida Statutes. I fur that I am a General Pa	rther certify artner of th	that the informatio e limited partnershi	in ip or

**SIGNATURE:** 

LAWRENCE LEVINE 7/12/03