## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800001507  1. Entity Name					AND FILED			
MURRAY INVESTMENTS, LTD.					02 APR 17 PH 12: 04			
Principal Place of Business Mailing Address  5301 WEST CYPRESS STREET. SUITE 202 5301 WEST CYPRESS STR TAMPA FL 33607 TAMPA FL 33607				UITE 202		SECRE TALLAH	IARY OF STATE ASSEE, FLORIDA	
Principal Place of Business     3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 20	02		
City & Stat	е	City & State		4. FEI Numbe	59-3518073	Applied For Not Applicable		
Zip	Country Zip		Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	==6Name and Address of Current I	Registered Agent			7.≍Name and	Address of New Registered	Agent:	
MUDDAY	DAVAJOND E			Name				
Murray, raymond e 5301 West Cypress Street, suite 202				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33607								
				City		FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable.	<u> </u>			DATE		
9. Capital Contributions as Shown on record.  \$5,000,000.00  10. Amount of Capital Contributions in FLORIDA to date.				outions		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	TO DEPT. OF STATE	
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS EN	TITY M	UST BE REGIST	ERED AND A	CTIVE WITH THIS OFFICE		
12.	GENERAL PARTNER		13.	, an amendmen	t must be filed	ADDRESS CHANGES ONL		
DOCUMENT #	P98000015149			ET ADDRESS	······································	, 155 C/ ( 1/4 C/C C/1)		
NAME STREET ADDRESS CITY-ST-ZIP	SUGAR POP, INC. 5301 WEST CYPRESS STREET, SUITE 202 TAMPA FL 33607			ST-ZIP				
DOCUMENT #	TAMEA PE 33007		STREE	ET ADDRESS	81	00005313	<b>2785</b>	
STREET ADDRESS			CITY-	ST-ZIP	-04/22/0201063023 ****\$26.25 ****\$26.25			
DOCUMENT # NAME		·	STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				
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<ol> <li>I hereby control indicated control</li> </ol>	ertify that the information supplied with the on this report is true and accurate and the	nis filing does not qualify for that my signature shall have the	he exem	nption stated in Sec legal effect as if ma	tion 119.07(3)(i),	Florida Statutes. I further certi	fy that the information	