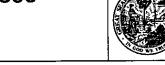
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UED)

DOCUMENT #

A98000001800

1. Entity Name **GULF PARTNERS LIMITED**



APPKU. AHD FILED

03 MAR -6 AM II: 03

SECRETARY OF SPATE TABLEAHASSEE, FUORIDA

| Principal Place of Business 6631 RIDGE TOP DRIVE NEW PORT RICHEY FL 34655 | | Mailing Address 6631 RIDGE TOP DRIVE NEW PORT RICHEY FL 34655 | | - STEL MINGSEL, FERRIDA | | | |
|---|--|---|---------------------------|---|---|--|-------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DUE BY MAY 1, 2003 | | |
| City & State | | City & State | | 4. FEI Number 59-3526163 Applied For Not Applicable | | | |
| Zip | Country | Zip | Zip Countr | | 5. Certificate of | | .75 Additional Required |
| 6. Na | me and Address of Current | Registered Agent | | | 7. Name and A | ddress of New Registered Age | nt |
| | | | | Name | | | |
| JOWA, INC. 6631 RIDGE TOP DRIVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| NEW PORT RICHEY FL 34655 | | | - | | | | |
| | | | Ī | City | | FL | Zip Code |
| the obligations of re | gistered agent. | | registered | d office or register | red agent, or both, | in the State of Florida. I am fam | iliar with, and accept |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | | | EL DEOT DE CTATE |
| 9. Capital Contributions as Shown on record. \$130,732.00 | | in FLORIDA to da | | | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | |
| NC | A GENERAL PARTNER T TE: General Partners MA | THAT IS A BUSINESS ENT AY NOT be changed on th | TITY MU e form; | JST BE REĞIS' an amendmer | TERED AND AC it must be filed | TIVE WITH THIS OFFICE. to change a general partne | ır. |
| 12. GENERAL PARTNER INFORMATION | | 13. | _ | ADDRESS CHANGES ONLY | | | |
| NAME JOWA | P98000017683 JOWA, INC. 6631 RIDGE TOP DRIVE NEW PORT RICHEY FL 34655 | | STREE | T ADDRESS | · | | |
| | | | CITY-S | ST-ZIP | - Circina | 101997599 | |
| DOCUMENT # NAME | | | STREE | T ADDRESS | 02/21/0 | 301287599 301015013 ** | 526.25 |
| STREET ADDRESS CITY-ST-ZIP | <u>.</u> . | | CITY-S | ST-ZIP | | | |
| DOCUMENT# | | | | | | | |
| NAME | | | STREE | T ADDRESS | | | |
| 1 | | | | ST-ZIP | | | |
| NAME STREET ADDRESS | | | CITY-S | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # | | | CITY-S | ST-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS | | | CITY-S STREE CITY-S | 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone #