2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT/(UBR)

1. Entity Name THE DENNIS AND PAMELA MORRIS FAMILY LIMITED PART NERSHIP					FILED . 03 JUL 18 PM 12: 24		
Principal Place of Business 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 33762		Mailing Address 13041 AUTOMOTIVE BOULEVARD CLEARWATER FL 33762			SEURETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal F	Place of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		··	DUE BY MAY 1	2003	
City & Stat	e	- City & State	- City & State		-4. FEI Number 65-0858503	- Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				·	7. Name and Address of New Register	ed Agent	
MORRIS, DENNIS M. 2903 W. BAYSHORE CT.				Name Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33611 7				City FL Zip Code			
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	d office or register	ed agent, or both, in the State of Florida. 1		
SIGNATURE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
9. Capital Co	Signature, typed or printed name of registered ager	t and title if applicable. 10. Amount of Capit.	al Contrib	utione	DA D	E LE TO FL. DEPT. OF STATE	
as Shown		in FLORIDA to d				FOR FEE INFORMATION	
	NOTE: General Partners M	AY NOT be changed on the	TITY Mi	UST BE REGIST an amendmen	TERED AND ACTIVE WITH THIS OFF it must be filed to change a general	ICE. partner.	
12.	GENERAL PARTNER INFORMATION			ADDRESS CHANGES ONLY			
DOCUMENT # NAME	MORRIS, DENNIS M			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	TARREST TO THE PARTY OF THE PAR		, СПУ-	ST-ZIP	000017925140 		
DOCUMENT #	MORRIS, PAMELA B			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	ARALA METOMOTIC POLICE TARRON		ÇITY-	ST-ZIP			
DOCUMENT # NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT #			STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CNY-	ST-ZIP	000017925140		
NAME				T ADDRESS	01/10/02_01000_011 ***00*10		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
NAME STREET ADDRESS	•	•	STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				ST-ZIP			
indicated	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute the execute the supplier of the properties of the execute the supplier of the supplier of the execute the supplier of the supplier o	sthat my signature shall have i	ihe same	legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further hade under oath, that I am a General Partne	certify that the information r of the limited partnership or	