FILED

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A98000001908
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Entity Name
 PIRATES COVE OF GREENVILLE LTD.



							'	03 MAR 26	PH L	ı: 13		
Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY FL 32669				Mailing Address 20721 S.W. 46TH AVE. NEWBERRY FL 32669			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
				•								
2. Principal Place of Business 3. Mailing Address							1846 18581 1811) BB(11 GB!I			BIN BOND INN HEAL		
Suite, Apt. #, etc. Suite, Apt. #, etc.				•		DUE BY MAY 1, 2003						
City & State				City & State			4. FEI Number 62-1749526 Applied For Not Applied					
Zip	Zip Country			Zip Country			5. Certificate of	of Status Desired		\$8.75 Fee Req	Additional juired	
	6. Name	and Address of Current	Regist	ered Agent			7. Name and	Address of New Re	gistered	Agent		
DAVIS, N	ORITA V	•				Name						
20721 S.W. 46TH AVENUE NEWBERRY FL 32669						Street Address (P.O. Box Number is Not Acceptable)						
NEWDERNT FL 32009					City	E						
· 	_						_ 		F	<u> </u>		
	e named entit itions of regist	y submits this statement for tered agent.	or the p	urpose of changing its	registere	ed office or registe	ered agent, or both	, in the State of Flor	ida. I am	n tamiliar w	vith, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if	applicable.					DATE			
				Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
	A NOTE	GENERAL PARTNER 1 : General Partners MA	THAT I	S A BUSINESS EN T be changed on th	TITY M	UST BE REGIS ; an amendme	STERED AND AC	CTIVE WITH THIS to change a ge	OFFIC	E. irtner.		
12.		GENERAL PARTNER			13.			ADDRESS CHA				
DOCUMENT # NAME	G72943 EARTHART, INCORPORATED 5700 W.W. 34TH STREET, SUITE 1307 GAINESVILLE FL 32608				STRE	STREET ADORESS						
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP	100014770081					
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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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/17/03

(352)472-7773

CR2E003