**2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **A0200000000000** 

SIGNATURE:

1. Entity Name GEORGE L. PARKER LIMITED PARTNERSHIP					FILED		
					THE THE	03 FEB -6 PM 4:39	
Principal Place of Business 5346'S 91ST TERRACE GAINESVILLE FL 32608			Mailing Address 5346 S.W. 91ST TERRACE GAINESVILLE FL 32608			SECHETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business			3. Mailing Address				
Suite, Ap	ot. #. etc.		Suite, Apt. #, etc.			06	
						DUE BY MAY 1, 2003	
City & Sta	ate		City & State			4. FEI Number 59-3561130 Applied For	
Zip	Zip Country		Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional	
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
TILLMAN	I, MICHAEL				Name	To the same same of the trought of the same of the sam	
-	5346 S.W. 91ST TERRACE				Street Address (P.O. Box Number is Not Acceptable)		
GAINESV	/ILLE FL 3260	08		ļ			
					City	<b>□</b> Zip Code	
8. The above	8. The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent					#F &_ 1	
J	3.4	ared agent.			· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	Signature, typed o	or printed name of registered agent a	and title if applicable.			DATE	
	9. Capital Contributions as Shown on record.  \$1,535,883.00  10. Amount of Capital Contribution in FLORIDA to date.					11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
	A G NOTE:	ENERAL PARTNER T	HAT IS A BUSINESS	ENTITY MI	UST BE REGIS	SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.				13.			
DOCUMENT / NAME	PARKER, GEORGE L TRUSTEE 7911 S.W. 36TH AVENUE GAINESVILLE FL 32608			STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP		
DOCUMENT # NAME	PARKER, JOHN J TRUSTEE 7911 S.W. 36TH AVENUE GAINESVILLE FL 32608			· STREE	T ADDRESS	•	
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP	800011905968 02/06/0301036014 **\$26,25	
DOCUMENT / NAME STREET ADDRESS				STREET	T ADDRESS		
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CITY-ST-ZIP				City-s	ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP				CITY-ST	:T-ZIP		
DOCUMENT # NAME STREET ADDRESS			$\sim$	STREET	ADDRESS		
CITY-ST-ZIP	<u></u>			CITY-ST			
4. I hereby ce indicated (	ertify that the ir on this report i	nformation supplied with the strue and accurate and the	Is filing does not qualify lat my signature shall hav	for the exemp	ption stated in Ser egal effect as if m	ection 119.07(3)(i), Florida Statutes. I further certify that the information adde under oath, that I am a General Partner of the limited partnership or	

EVECULFGEOR CE L. PARKER 1-36-63
ED NAME OF SIGNING GENERAL PARTNER