2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| Ł. | | |
|---|-------------------------|---------|
| DOCUMENT # | A9800000 | MOCO |
| 1 W W 'I IRAL NI E # | | 17351 |
| 1 M M // 11//11 IVI IVI IVI IVI IVI IVI IVI IVI IVI I | A 3(11 A A A A A | <i></i> |

1. Entity Name GREENVILLE PARTNERSHIP, LTD.



FILED

03 APR - 7 AM II: 10 Principal Place of Business 2851 REMINGTON GREEN CIRCLE. SUITE D Mailing Address 2851 REMINGTON GREEN CIRCLE. SUITE D SALE TARY OF STATE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 59-3538194 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BITTMAN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET, SUITE 1400 ORLANDO FL 32801 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$7,000.00 as Shown on record, in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P98000086461 DOCUMENT # STREET ADDRESS J. P. LAKE, INC. 2851 REMINGTON GREEN CIRCLE, SUITE D STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <u>100015330811</u> STREET ADDRESS CITY-ST-ZIP 04/07/03--81007--010 ******150.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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:

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

M THOMAS

CR2E003 (10/02)