## **2003 LIMITED PARTNERSHIP**

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1. Entity Nam	ne	# A98000 DEVELOPERS, LTD.	000	02469					23 PM		<b>c</b>	AT
Principal Place of Business 2359 BEVILLE ROAD DAYTONA BEACH FL 32119				Mailing Address 2359 BEVILLE ROAD DAYTONA BEACH FL 32119			03 APR 23 PM 3: 36  SECAL TARY OF STREET TABLEARASSEE FLORIDA					
2. Principal Place of Business				Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003					٦
City & State			City & State			4. FEI Number	Ja Ja40a70					
Zip Country			Zip Country			itry	Not Applicab     S. Certificate of Status Desired					4
6. Name and Address of Current F			Registered Agent			<del></del>	7. Name and Address of New Registered Agent					┨
			iogio	tored Again		Name	T. Hame and F	tuaress of New He	gisterou Age		<del></del>	1
KARGAR, MORTEZA H 2359 BEVILLE ROAD						Street Address (P.O. Box Number is Not Acceptable)						-
DAYTONA BEACH FL 32119						<u> </u>						1
						City	<del></del>		FL	Zip Coo	de	+
	named entitions of regist	y submits this statement for ered agent.	the p	surpose of changing its	register	ed office or registere	ed agent, or both,	in the State of Flori	da. I am fam	iliar with,	and accept	-
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title i	t applicable.			<del></del> ,	<del></del>	DATE			
9. Capital Contributions as Shown on record.  \$4,000,200.00  10. Amount of Capital in FLORIDA to dat						ontributions  11. MAKE CHECK PAYABLE TO FL. DEPT SEE REVERSE SIDE FOR FEE INFOR						
	A (	GENERAL PARTNER T General Partners MA	HAT	IS A BUSINESS EN	TITY M	UST BE REGIST	ERED AND AC	TIVE WITH THIS	OFFICE.	_		
12.	NOTE	GENERAL PARTNER			13.	; an amenumen	t must be filed	ADDRESS CHAI		<del></del>		┨
DOCUMENT #	P9300001		IIVI	HIMATION				ADDINESS CITAL	,			18
NAME	INTERVEST CONSTRUCTION OF J			AX, INC.		ET ADDRESS						√Ş
STREET ADDRESS CITY-ST-ZIP		ILLE ROAD Beach FL 32119		:		-ST-ZIP						CR2E003 (10/02)
DOCUMENT #	M0000000971 SOUTH HAMPTON GP, LLC					ET ADDRESS				<del></del>		CR2
STREET ADDRESS CITY-ST-ZIP	10161 CE	NTURION PARKWAY NO VILLE FL 32256	ORTH	rth, suite 190		100015700401 04/23/0301016027 **526.					26.25 ^	
DOCUMENT #			_		STRE	EET ADORESS						
STREET ADDRESS CITY-ST-ZIP				·	CITY	-ST-ZIP			-			7
DOCUMENT <b>#</b> NAME					STRE	EET ADDRESS				-		
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DOCUMENT <b>#</b> NAME					STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		-ST-ZIP						
14. I hereby of indicated the receiv	certify that the on this repor ver or trustee	e information supplied with t is true and accurate and t empowered to execute this INTERVEST CONST	this fil hat m repo	ing does not qualify for y signature shall have the rt as required by Chapte CTION OF JAX,	the exe he same er 620, I	Man/agin	g Partner		(-00)	that the i limited p 788-	nformation partnership or -0820	.}
SIGNAT	URE:	SICISATU	R	E REQUAR	70		rteza ноs esident	seini-Karg	ar ———			

Date

Daytime Phone #