2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1. Entity Name THE CHESEBRO FAMILY LIMITED PARTNERSHIP						FILED 2003 JAN 16 AM II: 03				
Principal Place of Business 9675 SWAN LAKE DRIVE GRANITE BAY CA 95746		Mailing Address 9675 SWAN LAKE DRIVE GRANITE BAY CA 95746		DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA						
2. Principal Place of Busine	ess	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State			4. FEI Number 65-0639991 Applied For				d For	
Zip Country		Zip Cour		ntry				Not Ap	plicable	
6. Name and Address of Current		Registered Agent				f Status Desired	<i>X</i> 1	\$8.75 Addition Fee Required		
RICHARD M. KLITENIO		egistered Agent	·	Name	7. Name and A	ddress of New I	registered A	igent		
624 WHITEHEAD STREET				Street Address (P.O. Box Number is Not Acceptable)						
KEY WEST FL 33040							•			
	·			City	······································		FL	Zip Code		
The above named entity the obligations of register	submits this statement for t red agent.	the purpose of changing its	s register	red office or register	ed agent, or both,	in the State of Flo	orida. I am fa	amiliar with, and	accept	
SIGNATURE Signature, typed or	printed name of registered agent and	1 title if applicable		/						
9. Capital Contributions as Shown on record. \$500,000.00 10. Amount of Capital Contribution in FLORIDA to date.					000	11. MAKE CHEC	K PAYABLE 1	TO FL. DEPT. OF	STATE	
A G	ENERAL PARTNER TH	AT IS A BUSINESS EN	NTITY M	IUST BE REGIST	FRED AND AC	TIVE WITH TH	IS OFFICE	FEE INFORMATI	ON	
12.	General Partners MAY GENERAL PARTNER II		13.	i; an amenomen	t must be filed	ADDRESS CH				
NAME A.J.C. & T.F	P9900036344 A.J.C. & T.R.C., INC.								0/05)	
	9675 SWAN LAKE DRIVE GRANITE BAY CA 95746			'-ST-ZIP		-			CR2E003 (10/02)	
DOCUMENT # NAME			STRE	EET ADDRESS				•	CR2	
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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. SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER. Date: Date:										