

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 APR -4 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0006710 AT

<b>DOCUMENT # A98000002782</b> 1. Entity Name <b>SKAGFIELD LIMITED PARTNERSHIP</b>	
--	---

Principal Place of Business <b>270 CROSSWAY ROAD TALLAHASSEE FL 32310</b>	Mailing Address <b>P.O. BOX 753 TALLAHASSEE FL 32302</b>
--	---



2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

**DUE BY MAY 1, 2003**

4. FEI Number <b>59-3553092</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SKAGFIELD, HILMAR S  
270 CROSSWAY ROAD  
TALLAHASSEE FL 32310**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
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.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #	NAME STREET ADDRESS CITY-ST-ZIP
DOCUMENT #	<b>SKAGFIELD, HILMAR S 270 CROSSWAY ROAD TALLAHASSEE FL 32310</b>
DOCUMENT #	<b>SKAGFIELD, HILMAR O 270 CROSSWAY ROAD TALLAHASSEE FL 32310</b>
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	
DOCUMENT #	

STREET ADDRESS	CITY-ST-ZIP

CR2E003 (10/02)

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **3/31/03** PCO  
Daytime Phone #: **878-1144-xt101**