

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 APR -4 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006710 AT

DOCUMENT # A98000002782 1. Entity Name SKAGFIELD LIMITED PARTNERSHIP	
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Principal Place of Business 270 CROSSWAY ROAD TALLAHASSEE FL 32310	Mailing Address P.O. BOX 753 TALLAHASSEE FL 32302
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State
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4. FEI Number 59-3553092	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$4,000,000.00
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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
	SKAGFIELD, HILMAR S	270 CROSSWAY ROAD TALLAHASSEE FL 32310
	SKAGFIELD, HILMAR O	270 CROSSWAY ROAD TALLAHASSEE FL 32310

STREET ADDRESS	CITY-ST-ZIP

300015322633
04/04/03--01065--010 **526.25

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 OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

CR2E003 (10/02)