2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9800002840 1. Entity Name ELIZABETH FISHER INVESTMENTS, LTD.					FILED 2003 MAY -8 AM 8: 54	
Principal Place of Business 4381 VENETIA BOULEVARD JACKSONVILLE FL 32210		Mailing Address 4381 VENETIA BOULEVARD JACKSONVILLE FL 32210			DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal P	Place of Business	3. Mailing Address			T TUBLIDIY TAYB TRIBU HATIL BAHTI BAHTI BAHTI BAHTI ABIHT ABIH ABIH BIRKI BAHTI BARTI BARTI BARTI BARTI BARTI T	
Suite, Apt. #, etc. Suite, Apt. #, e			etc.		DUE BY MAY 1, 2003	
City & Stat	e	City & State	City & State		4. FEI Number 59-3547804 Applied For Not Applicable	
Zip	Country		Cour	itry	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		
LOWMAN, WILLIAM R JR.				Name		
315 EAST ROBINSON STREET, SUITE 600				Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32802						
				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 Signature, typed or printed name of registered agent and title if applicable.						
9. Capital Contributions as Shown on record. \$4,000,000.00 In FLORIDA to date.				outions	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	WULBERN, JOHN C 910 S. HIMES AVENUE TAMPA FL 33629		STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME	WULBERN, EDWARD R 4381 VENETIA BOULEVARD		STRE	ET ADDRESS	700018470637 05/08/0301005007 **526.25	
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STREET ADDRESS CITY-ST-ZIP				-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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						