2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	FASSU	00000	<i>101</i>

1. Entity Name

THE BISHOP CAPITAL MANAGEMENT LIMITED PARTNERSHI



Principal Place of Business C/O DUNWODY WHITE & LANDON. P.A. 239 SOUTH COUNTY ROAD, SUITE 300 PALM BEACH FL 33480

Mailing Address 301 W. CAMINO GARDENS BLVD.. SUITE 101 BOCA RATON FL 33432

2. Principal Place of Business		3. Mailing Address			7							
1601 Forum Place			1601 Forum Place									
Suite, Apt. #, etc.		Suite, Apt. #, etc.								j		
Suite 801		Suite 801			DUE BY MAY 1, 2003							
City & Stat		_ 	City & State			4.	FEI Numbe	er 65-09574	107		\Box	Applied For
West 1	Palm B	oach Er	West Palm	Reac	h. FT.			00 0007	151		١	Not Applicable
Zip	<u>-8.1m-1</u>	Country	Zip	Count							\$8.7	5 Additional
33401		USA	33401	USA		5.	Certificate	of Status Desi	red [equired
	6. Name	and Address of Current F				7.	Name and	Address of N	ew Regis	tered	Agent	_ -
- FICK, ROI	nald L			Ţ,	Name David J. Thomas, CPA							
C/O DUNV	NODY WHIT	E & LANDON, P.A.			Street Address (P.O. Box Number is Not Acceptable)							
		ROAD, SUITE 300		.	1601_F	<u>Foru</u>	m Pla	ce; Su	ite_8	<u> 301</u>		
		•		ļ	İ							
PALM BEACH FL 33480					City West Palm Beach FL Zip Code 33401							
			the purpose of changing its	registere	ed office or regis	stered ag	ent, or both	h, in the State	of Florida.	. I am	familia	with, and accept
the obligat	ions of registe	ered agent.	1/1	<i>a</i> .	PA-					/	/	
SIGNATURE -		(h) aund	Cf / Norms	<u> </u>	PM				ত্ত	/5[03	
	Signature, typed	or printed name of registered agent ar	nd title if applicable.							DATE		
9. Capital Co as Shown		\$5,000,000.00	10. Amount of Capit		outions							. DEPT. OF STATE 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	CHANG	ES ON	ILY	- <u></u>
DOCUMENT # NAME		APITAL MANAGEMENT,		STREI	ET ADDRESS 1	601	Foru	m Place	e, Su	ıit:	e 81	01
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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:

STAFLE UMEION MEME