## 1 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

, 2002 UNIFORM BUSINESS REPORT (UBR)						APPRUYLI — AND	
DOCUMENT # A9900001219						FILED	
NASHVILLE INTERNATIONAL ASSOCIATES, LTD.						02 APR 19 PM 12: 16	
						SECRETARY OF STATE	
300 SE 2ND	ce of Busines ST. DALE FL 3330		Mailing Address 300 SE 2ND ST. FT. LAUDERDALE FL 33301			TAELTAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address					<del></del>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		,	DUE BY MAY 1, 2002	
City & State			City & State		\$	4. FEI Number 65-0941812 Applied For Not Applicable	
Zip	Country		Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent	I		7. Name and Address of New Registered Agent	
JONES, PATRICIA					Name		
300 SE 2ND ST.					Street Address (P.O. Box Number is Not Acceptable)		
C/O STILES CORPORATION					1		
FT. LAUC	DERDALE FL	. 33301			City FL Zip Code		
8. The above	named entity	submits this statement for	or the purpose of chang	ging its register	red office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.			DATE	
9. Capital Co as Shown		\$1,200,000.00	10. Amount of in FLORID	f Capital Contri DA to date.	ibutiops \$1,17	7. CO. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A G NOTE:	ENERAL PARTNER General Partners Ma	THAT IS A BUSINES AY NOT be changed	SS ENTITY No.	/IUST BE REGI n; an amendm	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.		GENERAL PARTNE		13.	<u> </u>	ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS		E INTERNATIONAL G	P, LTD.	STR	EET ADDRESS	( *** *** * *** *** *** *** *** *** ***	
CITY-ST-ZIP	300 SE 2ND ST. FT. LAUDERDALE FL 33301			CIT		······································	
NAME				STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP		
NAME				STRI	EET ADDRESS	<b>3000053726235</b> -04/29/0201128006	
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CITY-ST-ZIP		Information B ( )	Al-1- Pita and		-ST-ZIP		
indicated	on this repor	i information supplied with t is true and accurate and empowered to execute th	that my signature shall	I have the same	e legal effect as il	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	