2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9900001449 **DOCUMENT #**

1. Entity Name TUNAMENT, LTD.



AND FILED

APPROVE.

03 MAR -5 AM 11:38

SECRETARY OF STATE FAMILIAMASSEE, PLORIDA

Principal Place of Business Mailing Address										•	
1016 BEL AIRE DR DAYTONA BEACH FL 32118			P.O. BOX 790 DAYTONA BEACH FL 32115								
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Principal Place of Business 3. Mailing A				Mailing Address	g Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State			City & State				4. FEI Number	59-3598614		Applied For Not Applicable	
Zip	Country Zip			Count	5. Certificate of Status Desired				8.75 Additional se Required		
6. Name and Address of Current Registered Agent							7. Name and A	ddress of New Re	egistered Ag	ent	
PALMETTO CHARTER SERVICES, INC.						Name					
150 MAGNOLIA AVENUE				5			eet Address (P.O. Box Number is Not Acceptable)				
DAYTONA BEACH FL 32114											
DATIONAL DESCRIPTION OF THE SERVICE											
						City	FL Zip Code			Zip Code	
	named entity ions of registe		r the p	urpose of changing its	registere	ed office or r	registered agent, or both,	in the State of Flor	rida. I am fa	miliar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.											
9. Capital Contributions as Shown on record. \$4,162,419.00 In FLORIDA to date								SEE REVERS	E SIDE FOR	O FL. DEPT. OF STATE FEE INFORMATION	
	A C	ENERAL PARTNER I General Partners MA	I TAHI ON YA	S A BUSINESS EN T be changed on t	ITITY MI he form:	UST BE R : an amen	EGISTERED AND AC	TIVE WITH THIS to change a ge	S OFFICE. neral partr	ner.	
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION					13.	,		ADDRESS CHA			
DOCUMENT #	L99000005518					ET ADDRESS				}	
NAME	BAWDAIRS CAPITAL MANAGEMENT, L.L.C. 1016 BEL AIRE DR DAYTONA BEACH FL 32118			.L.C.							
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SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

Its General Partner

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 appropriate execute this report as required by Chapter 620. Florida Statutes

386-255-8171