

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A99000001491**  
 1. Entity Name  
**FLORIDA I BLUE MIST LIMITED PARTNERSHIP**



FILED  
 03 AUG -5 PM 2:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business <b>3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609</b>	Mailing Address <b>3404 WAKE FOREST ROAD SUITE 201 RALEIGH NC 27609</b>
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2. Principal Place of Business <b>3100 DuraLeigh Rd #200 RALEIGH NC 27612 USA</b>	3. Mailing Address <b>3100 DuraLeigh Rd #200 RALEIGH NC 27612 USA</b>
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**DUE BY SEPTEMBER 24, 2003**

4. FEI Number <b>56-2156339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**TURNER, SUSAN K  
 6033 34TH STREET W. #56  
 BRADENTON FL 34205**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$900.00</b>	10. Amount of Capital Contributions in FLORIDA to date. _____	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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**

DOCUMENT #	NAME	STOCKS, LEWIS H TRUSTEE
STREET ADDRESS		3403 WAKE FOREST ROAD, SUITE 201
CITY-ST-ZIP		RALEIGH NC 27609

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	3100 DuraLeigh Rd #200
CITY-ST-ZIP	RALEIGH NC 27612
STREET ADDRESS	
CITY-ST-ZIP	100022069841 08/05/03--01044--015 **141.25

**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 REQUIRED** 7/24/03 99-850-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (4/03)