2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1. Entity Name AGAWAM, LTD



18:8 MAY 12 AM 9:31

Principal Place of Business
4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609-1863

2. Principal Place of Business

Mailing Address
4890 W. KENNEDY BLVD., STE. 850

TAMPA FL 33609-1863

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State 4. FEI Number 59-3599983 Applie Not Applie			
City & State 4. FEI Number 59-3599983 Applie Not Ap Zip Country Zip Country 5. Certificate of Status Desired. \$8.75 Addition	Suite, Apt. #, etc.		
Zip Country Zip Country 5 Certificate of Status Desired \$\forall \text{ \$8.75} \text{ Addition}			
1.5 Certificate of Status Desired M			
Fee Required	Zip Country		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	6. Name and Address of Current Registered Agent		
THE GREENLEAF BUILDING Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET			
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 the obligations of registered agent. SIGNATURE	the obligations of registered agent. SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. DATE P. Capital Contributions ###################################			

as Shown on record.

in FLORIDA to date.

112,605

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 #	F9900004714 RICHLAND MINERALS, INC.	STREET ADDRESS	SUITE 920
STREET ADDRESS CITY-ST-ZIP	4890 W. KENNEDY BLVD., -STE: 850 > TAMPA FL 33609-1863	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	300018690203
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	05/12/0301010015 **864.00
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	·	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE