2001 UNIFORM BUSINESS REPORT (UBR)

				<u> </u>				
DOCUMENT # A9900001986 1. Entity Name								;
COURTNEY RIDGE LIMITED PARTNERSHIP				3	FILED			
Principal Place of Business Majling Address					01 APR 20 PM 5: 00			
Principal Place of Business Mailing Address 250 INTERNATIONAL PARKWAY, SUITE 220 250 INTERNATIONAL PARKWAY				UITE 220	1			
HEATHROW FL 32746 HEATHROW FL 32746					SECRETARY OF STATE FALLAHASSEF, EL CRIDA			
						<u> </u>	AFIL BALAL HEIB IRIBI (BIRB AKK IB	1
2. Principal Place of Business 3. Mailing Address					 			
22 1 Through Tiggs of Systems								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Sta	e	City & State		4. FEI Number	59-3610352	Applied For		
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
<u> </u>	6. Name and Address of Current F	egistered Agent		 	7. Name and Address of New Registered Agent			
				Name				
SCHAFFER, JOHN A				Street Address (P.O. Box Number is Not Acceptable)				
250 INTERNATIONAL PARKWAY, SUITE 220 HEATHROW FL 32746					<u> </u>	· · · · · · · · · · · · · · · · · · ·		\dashv
HEATHWAY I E 92/40				City 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.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE								
as Shown	on record.	in FLORIDA to d	ate.	4,900		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						ADDRESS CHANGES		
DOCUMENT # NAME	A CONTRACT OF THE PARTY OF THE			EET ADDRESS				5
STREET ADDRESS	SUITE 220	CITY	/-ST-ZIP				}	
CITY-ST-ZIP	HEATHROW FL 32746		_	-31-211				
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CITY-ST-ZIP								
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STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP				
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NAME STREET ADDRESS			Sinc	LET ADDITESS	 			
CITY-ST-ZIP \$ ('-ST-ZIP	- <u> </u>	<u> </u>		
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 SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING GENERAL PARTNER Date Date								