


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000464 AV

<b>DOCUMENT # A99000002163</b> 1. Entity Name <b>THREE-IN-ONE ENTERPRISES, LTD.</b>	
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FILED

03 APR 28 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>7076 N.E. ROAN STREET ARCADIA FL 34266</b>	Mailing Address ATTN: K. WHEELER <b>400 NORTH ASHLEY DRIVE. #2300 TAMPA FL 33602</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-3613802</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country

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

**WILSON, MARY S**  
**7076 N.E. ROAN STREET**  
**ARCADIA FL 34266**

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

Name  
*WILSON, MARY S*

Street Address (P.O. Box Number is Not Acceptable)  
*2055 S. FLORIDA AVE,*

*Lot 242*

City *BARTOW* FL Zip Code *33831*

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>\$400,000.00</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 STREET ADDRESS CITY-ST-ZIP	<b>P99000073727</b> <b>MADEE THREE, INC.</b> <b>7076 N.E. ROAN STREET</b> <b>ARCADIA FL 34266</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<i>BK</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13.	ADDRESS CHANGES ONLY
STREET ADDRESS	<i>2055 S. FLORIDA AVE, Lot 242</i>
CITY-ST-ZIP	<i>BARTOW, FL 33830</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700018672447</b>
CITY-ST-ZIP	<b>05/09/03--01054--006 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *Mary S Wilson* **4-11-03 863-519-6461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)