2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

B01000000405 **DOCUMENT #**

1. Entity Name

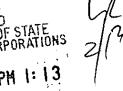
4301 BEE RIDGE ASSOCIATES, LTD.



Principal Place of Business C/O ARMSTRONG BACKUS & CO. PO BOX 71

Mailing Address
C/O ARMSTRONG BACKUS & CO. PO BOX 71

OF STATE DIVISION OF CORPORATIONS 03 FEB 11 PM 1: 13



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2. Principal Place of Business			3. Mailing Address			-	: 1011 88101 21811 88111 88111 88111 88			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State			City & State			4. FEI Number 50-000052 Applied For Not Applicable				
Zip Country			Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
DDCCTOR II OULED					. Name					
PROCTOR, H. PALMER										
227 SOU	th calhol	in street		Street Address			(P.O. Box Number is Not Acceptable)			
TALLAHA	SSEE FL 32	301		ŀ						
•				ļ						
				City		•	F		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 a the obligations of registered agent.										
G again										
SIGNATURE ————————————————————————————————————										
					DATE					
as Shown on record. 42,423,000.00 in FLORIDA to d				ate.	\$2,425,000	0.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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										
DOCUMENT #	M01000002				ADDRESS CHANGES ONLY					
NAME	AMERIMAX			STREE	T ADDRESS					
STREET ADDRESS		HARRIS, SUITE 200			 	 -			·	
CITY-ST-ZIP	SAN ANGE	LO TX 76903			ST-ZIP					
DOCUMENT #				1		1 1 1 1				
NAME	•			STREE	TADDRESS	100012307531 02/11/0301025019 **526.25				
STREET ADDRESS							an arach asi	** T DCD	. 60	
CITY-ST-ZIP				CITY-S	ST-ZIP					
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NAME				- STREET	T ADDRESS		. حسب نه د			
STREET ADDRESS				CITY-S	T 710		<u> </u>			
CITY-ST-ZIP	7-1			CITT-3	51-2iF					
DOCUMENT#				STORES	ADDRESS	<u> </u>	-	**		
NAME				SINCE	ADDRESS					
TREET ADDRESS			CITY C	Y-ST-ZIP						
CITY-ST-ZIP				, GH1-3	1-21P				}	
DOCUMENT #		5		CIRCET	ADDOCAG		···			
NAME				OINCE	ADDRESS					
STREET ADDRESS			, -	CITY O	T 710			-		
CITY-ST-ZIP		.		CITY-S	1-217					
DOCUMENT #			`	STOCET	ADDRESS	1		-1		
NAME				SINEEL	VINDUCAS				1	
STREET ADDRESS				CITY-ST	1-7IP				-	
CITY-ST-ZIP	-			3111-31						

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

PARTNER

SIGNATURE:

MANAGER 2

915/486-3211