2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B93000000091 DOCUMENT

1. Entity Name

BULLDOG INVESTMENT PARTNERS LIMITED PARTNERSHIP



03 JAN 22 AM 9:59

FILED

APPho. AND

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Principal Plac 33 NORTH GA CLEARWATER	ce of Business ARDEN AVENUE FL 33755	. Suite 770	Mailing Address 33 NORTH GARDEN AVENUE. SUITE 770 CLEARWATER FL 33755				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State			City & State			4. FEI Number 59-3165857 Applied For Not Applicable	
Zip Country			Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
VIANNA, MANUEL F					Name		
33 NORTH GARDEN AVENUE, SUITE 770 CLEARWATER FL 33755				St		ss (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, typed or printed name of registered agent and title if applicable. DATE							
9. Capital Contributions as Shown on record. \$20,000,000.00 In FLORIDA to date				tiDA to date.		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						ADDRESS CHANGES ONLY	
DOCUMENT # NAME	M02000000848 BULLDOG I, LLC 33 NORTH GARDEN AVENUE, SUITE 770 CLEARWATER FL 33755			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				сіту-	ST-ZIP	500010409015 01/22/0301027008 **526,25	
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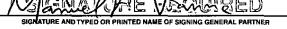
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



-9-03

727-298-5412