CR2E003 (10/02)

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## B96000000416 DOCUMENT #

US EQUITIES OF TENNESSEE, LTD.



FILED 03 APR 17 AM 7: 20 Principal Place of Business Mailing Address 615 MAIN STREET SECRETARY OF STATE 615 MAIN STREET TALLAHASSEE FLORIDA NASHVILLE TN 37206 NASHVILLE TN 37206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 Applied For 4. FEI Number 62-1524629 City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD., SUITE 211 PALM BEACH GARDENS FL 33418 Zip Code City F 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 11: MAKE CHECK PAYABLE TO FLE DEPT OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 as Shown on record in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. F96000005479 DOCUMENT # STREET ADDRESS RUSSELL STREET CORPORATION NAME 615 MAIN STREET STREET ADDRESS CITY-ST-ZIP NASHVILLE TN 37206 CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-7IF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

Russell Street Core, 6.P., Staw Hardaway, President

CITY-ST-7IE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE: X

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS

NAME STREET ADDRESS