2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

B9700000041 **DOCUMENT #**

1. Entity Name

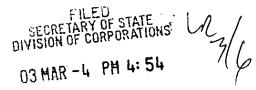
SPIDEV LIMITED PARTNERSHIP



Principal Place of Business 1600 GOVERNORS DRIVE PENSACOLA FL 32514

Mailing Address 2542 WILLIAMS BOULEVARD

ATTN: LEGAL DEPARTMENT KENNER LA 70062





2. Principal Place of Business		3. Mailing Address		T THE COLOR SERVE THE PROPERTY CONTRACTOR CO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1,	2003	
City & State		City & State		4. FEI Number 72-1350129	Applied For Not Applicable	
Zip	Country	Zip Country		try	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		
GART, DAVID A 250 AUSTRALIAN AVENUE SOUTH, SUITE 500 WEST PALM BEACH FL 33401				Name Street Address (P.O. Box Number is Not Acceptable)		
				City		Tin 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 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA 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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P96000098983 SIZ-DEVELOPMENT, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	2542 WILLIAMS BLVD. KENNER LA 70062-5596	CITY-ST-ZIP	_500013517955
DOCUMENT # NAME		STREET ADDRESS	83/04/93 01076 021 **150.00
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	,	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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

5 w. Boodie 2/14/03 504 471 6200