2002 UNIFORM	BUSINESS	REPORT	(UBR)
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SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # B9900000414								8779	
THE OLDCHESTER LIMITED PARTNERSHIP				FILED				7	
				2002 FEB 25 AM			AM IO: 3	39	
3055 CARDIN	ce of Business NAL DRIVE, SUITE 202	Mailing Address 500 COCONUT PALM ROA	D			Vision of cor			
VERO BEACH FL 32963 VERO BEACH FL 32963					7ALLAHASSEE	E, FLORI	DA Mai arti ala manata		
2. Principal F	Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	tar i ii ii ii	DUE BY MA	Y 1, 2002		
City & Stat	ie	City & State			4. FEI Number	65-0804715		Applied For Not Applicable	1
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired	T	75 Additional Required	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and A	ddress of New Regis	stered Ager	nt	1
CHRTIS	NFN Þ				Name				_
Curtis, NED P 3055 Cardinal Drive, Suite 202		Street Address		(P.O. Box Number is Not Acceptable)			ł		
vero be	ACH FL 32963								
				City			FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its r	egister	ed office or register	ed agent, or both,	in the State of Florida		· <u>···</u>	1
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.			 ,		DATE		
9. Capital Co as Shown		10. Amount of Capital in FLORIDA to dat		butions 2,606,915	.00	11. MAKE CHECK P	and the second second	DEPT. OF STATE	
-	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT	ITY M	IUST BE REGIST	ERED AND AC				
12.	GENERAL PARTNER		13.	i, an amendinon	it inust be med	ADDRESS CHANG			<u> </u>
DOCUMENT #	COUNTY MADCADET E TOUCT			EET ADDRESS			<u>-</u>		9/01
NAME STREET ADDRESS CITY-ST-ZIP	500 COCONUT PALM ROAD VERO BEACH FL 32963			-\$T-ZIP					CR2E003 (9/01)
DOCUMENT #			STRE	EET ADDRESS					8
NAME STREET ADDRESS CITY-ST-ZIP			CITY	- ST - ZIP				E17	
DOCUMENT # NAME			STRE	EET ADDRESS		-03/04/1 ****52i)2010 5.25 *	007007 ****526.25	
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DOCUMENT # NAME STREET ADDRESS			STRE	EET ADDRESS					
CITY-ST-ZIP		No.	<u>L.</u>	-ST-ZIP					
indicated	certify that the information supplied with on this report is true and accurate and t rer or trustee empowered to execute this	hat my signature shall have th	ie same	e legal effect as if m	iade under oath; t	Florida Statutes. I furt hat I am a General Pa	ner certify the I	nat the information imited partnership or	

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