

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012348 AT

DOCUMENT # A02000000844

1. Entity Name
SENTINEL PARTNERS, LTD.



FILED

03 MAY -2 PM 6:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJJR

Principal Place of Business
1319 E. HILLSBORO BOULEVARD, #615
DEERFIELD BEACH FL 33441

Mailing Address
1319 E. HILLSBORO BOULEVARD, #615
DEERFIELD BEACH FL 33441



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

DUE BY MAY 1, 2003

4. FEI Number
01-0718306

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

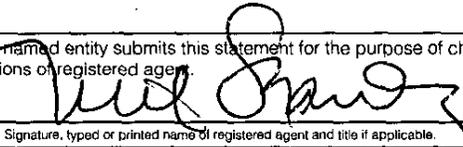
6. Name and Address of Current Registered Agent

DREIER & BARITZ, LLP
150 EAST PALMETTO PARK ROAD, SUITE 750
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

BARITZ & COLMAN LLP - NEILS BARITZ
Street Address (P.O. Box Number is Not Acceptable)
150 E. PALMETTO PARK RD
SUITE 750
City **BOCA RATON** FL Zip Code **33432**

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  DATE **4/29/03**

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **5,000.00**

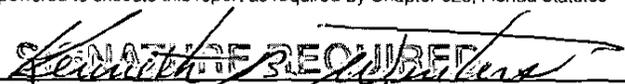
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P02000066036
NAME	SENTINEL FUNDS, INC.
STREET ADDRESS	1319 E. HILLSBORO BOULEVARD, #615
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	700017863607
STREET ADDRESS	05/02/03--01019--004 **141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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

SIGNATURE:  DATE **4/29/03** DAYTIME PHONE # **954 421 6380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CP2E003 (10/02)