

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

01-0718304

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name
BARITZ & COLMAN LLP - NEIL S 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

4/29/03
DATE

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03 9544216380

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE