

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED

03 APR 30 AM 5:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA **MJM**

**DOCUMENT # A94000001126**



1. Entity Name  
**RUTLAND RANCH, LTD.**

Principal Place of Business  
**300 1ST AVE. S., STE. 200  
ST. PETERSBURG FL 33701**

Mailing Address  
**% SUNTRUST BANK OF TAMPA BAY  
P.O. BOX 1498  
TAMPA FL 33601**



2. Principal Place of Business

3. Mailing Address

*4/30*

**DUE BY MAY 1, 2003**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-7030675**

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

7. Name and Address of New Registered Agent

**BRELAND, JEANNE C  
SUNTRUST BANK OF TAMPA BAY  
300 1ST AVENUE SOUTH, SUITE 200  
ST PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$33,741,855.66**

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	STREET ADDRESS	CITY-ST-ZIP
	SUNTRUST BANK OF TAMPA BAY, TRUSTEE	300 1ST AVENUE SOUTH, SUITE 200	ST PETERSBURG FL 33701
	SUNTRUST BANK OF TAMPA BAY, TRUSTEE	300 1ST AVENUE SOUTH, SUITE 200	ST PETERSBURG FL 33701

STREET ADDRESS	CITY-ST-ZIP	DATE	PHONE
		04/30/03--01022--009	**535.00
		<del>04/30/03--01022--009</del>	<del>**535.00</del>

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]* **4/21/03** 727-892-4622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)