

2001 UNIFORM BUSINESS REPORT (UBR)

XX03197 AF

DOCUMENT # A97000002022
 1. Entity Name
STEPELTON PARTNERS LIMITED

FILED

Principal Place of Business
**2395 S.E. 8TH STREET
 POMPAHO BEACH FL 33062**

Mailing Address
**2395 S.E. 8TH STREET
 POMPAHO BEACH FL 33062**

01 JAN 29 AM 11:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 City & State

4. FEI Number
65-0784566

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SCIARRETTA, STEVEN A P.A.
 2300 GLADES ROAD, SUITE 302E
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$625,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	P97000080245
NAME	STEPELTON ADVISORS, INC.
STREET ADDRESS	2395 S.E. 8TH STREET
CITY-ST-ZIP	POMPAHO BEACH FL 33062
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	5110 N. Federal Hwy. Ste. 100
CITY-ST-ZIP	Fort Lauderdale, FL 33308
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700003661247--4
CITY-ST-ZIP	-02/08/01--01034--008
	****526.25 ****526.25
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: Steven A. Sciarretta **SECRET** Stephon 1-24-01 954-776-3386
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)