


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021464 FP

**FILED**  
03 JAN 21 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A98000000043</b> 1. Entity Name <b>SANDCASTLE RESORTS AND HOTELS, LTD.</b>	
--	---

Principal Place of Business 1000 RIDGEWAY LOOP ROAD, SUITE 320 MEMPHIS TN 38120	Mailing Address 1000 RIDGEWAY LOOP ROAD, SUITE 320 MEMPHIS TN 38120
---	---



2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>65-1725309</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country

**6. Name and Address of Current Registered Agent**

**KAMM, ROBERT**  
**% SANDESTIN BEACH HILTON**  
**4000 SANDESTIN BLVD., SOUTH**  
**DESTIN FL 32541**

**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. 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. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

**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 #	<b>P97000108183</b>
NAME	<b>MANAGERS AT SUNRISE, INC.</b>
STREET ADDRESS	<b>1000 RIDGEWAY LOOP ROAD, SUITE 230</b>
CITY-ST-ZIP	<b>MEMPHIS TN 38120</b>
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>500010385095</b> <b>01/21/03--01040--009 **141 25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>BK</b>
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:** *Robert T. Kamm* **ROBERT T. KAMM** **SIGNATURE REQUIRED** **Robert T. Kamm** **V.P.** **1/13/03** **901-681-5121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)