

2002 UNIFORM BUSINESS REPORT (UBR)

0010257 AT

DOCUMENT # **A97000001048**

1. Entity Name

SAGAMORE PARTNERS, LTD.

FILED

2002 APR 12 PM 4:57

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business 1177 KANE CONCOURSE, SUITE 201 BAY HARBOR FL 33154	Mailing Address 1177 KANE CONCOURSE, SUITE 201 BAY HARBOR FL 33154
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number 65-0771420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAPLIN, MARTIN W
1177 KANE CONCOURSE, SUITE 201
BAY HARBOR FL 33154

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

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P97000041613	NAME SAGAMORE GP CORP.	STREET ADDRESS	
STREET ADDRESS 1177 KANE CONCOURSE, SUITE 201	CITY-ST-ZIP BAY HARBOR FL 33154	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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*******150.00 *****150.00**

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: **4/10/02** **305-865-5760**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)