2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000096 AT

DOCUMENT # A21509

1. Entity Name
1360 SARNO ROAD, LTD.

FILED
03 MAY -6 PM 7:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business	Mailing Address
575 S. WICKHAM RD.. STE. E WEST MELBOURNE FL 32904	575 S. WICKHAM RD.. STE. E WEST MELBOURNE FL 32904

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, 2003

4. FEI Number 59-2619054 ☐ Applied For ☐ Not Applicable

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
CLARK, COY A. 575 S. WICKHAM RD., STE. E WEST MELBOURNE FL 32904	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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$364,000.00		

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 #	L01000000344	STREET ADDRESS	
NAME	1360 SARNO ROAD, L.C.	CITY-ST-ZIP	
STREET ADDRESS	575 S. WICKHAM RD., STE. E		500018294365
CITY-ST-ZIP	WEST MELBOURNE FL 32904		05/06/03--01060--011 **526.25
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CR2E003 (10/02)

STAPLE CHECK HERE

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: COY A. CLARK REQUIRED 4/1/03 321 723 9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #