

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000829

**Entity Name:** SDS NEWTON COUNTY, LLLP

**Current Principal Place of Business:**

2600 S. DOUGLAS ROAD  
SUITE 406  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2600 S. DOUGLAS ROAD  
SUITE 406  
CORAL GABLES, FL 33134 US

**FEI Number:** 56-2282901

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORSHEE & LOCKWOOD, P.A.  
2600 SOUTH DOUGLAS ROAD  
406  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name FORSHEE, WILLIAM H TRUSTEE OF  
THE FIFTH AMENDED AND  
RESTATED EDWARD PORTER  
REVOCABLE TRUST DATED AUGUST  
8, 2012

Address 2600 S. DOUGLAS ROAD  
SUITE 406

City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM FORSHEE

TRUSTEE

02/09/2024

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date