

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001451

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC8324555477**

**Entity Name:** SANDHURST LIMITED PARTNERSHIP

**Current Principal Place of Business:**

845 TROPICAL CIRCLE  
SARASOTA, FL 34242

**Current Mailing Address:**

845 TROPICAL CIRCLE  
SARASOTA, FL 34242

**FEI Number:** 65-0546886

**Certificate of Status Desired:** No

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

LASCELLE, PHILIP M  
845 TROPICAL CIRCLE  
SARASOTA, FL 34242 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 LASCELLE, PHILIP MTRUSTEE

Address 845 TROPICAL CIRCLE

City-State-Zip: SARASOTA FL 34242

Document #

Name LASCELLE, SHIRLEY MTRUSTEE

Address 845 TROPICAL CIRCLE

City-State-Zip: SARASOTA FL 34242

Document #

Name LICHTENSTEIN, ALLAN MTRUSTEE

Address 2501 S. TAMIAMI TRAIL

City-State-Zip: SARASOTA FL 34239

*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:** PHILIP LASCELLE

**TRUSTEE**

**02/10/2017**

Electronic Signature of Signing General Partner Detail

Date