


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006872 AT

**DOCUMENT #** A00000001896

**1. Entity Name**  
SHERROD ENTERPRISES, LTD.



FILED

03 MAR 24 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

**Principal Place of Business**  
U.S. HWY. 90 WEST 1 MILE  
GREENVILLE FL 32331

**Mailing Address**  
P.O. BOX 596  
GREENVILLE FL 32331



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

**4. FEI Number** 59-3690562 Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

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

SHERROD, JAMES Z  
U.S. HWY. 90 WEST 1 MILE  
GREENVILLE FL 32331

**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.

<b>9. Capital Contributions as Shown on record.</b> \$1,700,100.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$1,700,100.00	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT #	SHERROD, HUBERT L JR.
NAME	P.O. BOX 295
STREET ADDRESS	GREENVILLE FL 32331
CITY-ST-ZIP	
DOCUMENT #	BURNETT, PAMELA S
NAME	1525 LOCHINEAR LANE
STREET ADDRESS	TALLAHASSEE FL 32311
CITY-ST-ZIP	
DOCUMENT #	SHERROD, JAMES Z
NAME	P.O. BOX 596
STREET ADDRESS	GREENVILLE FL 32331
CITY-ST-ZIP	
DOCUMENT #	SHERROD, MARY A
NAME	P.O. BOX 322
STREET ADDRESS	GREENVILLE FL 32331
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	
STREET ADDRESS	700014550407
CITY-ST-ZIP	03/24/03--01046--018 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** *James Z. Sherrod* James Z. Sherrod 3-12-03 850-948-2785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)