


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
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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	4. FEI Number 59-3690562 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For				
Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		

3/24

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent					
SHERROD, JAMES Z U.S. HWY. 90 WEST 1 MILE GREENVILLE FL 32331	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">State FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> </tr> </table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State FL	Zip Code
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City						
State 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. \$1,700,100.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,700,100.00	11. MAKE CHECK PAYABLE TO FL. 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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">DOCUMENT #</td><td style="padding: 2px;">SHERROD, HUBERT L JR.</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">P.O. BOX 295</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">GREENVILLE FL 32331</td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> </table>	DOCUMENT #	SHERROD, HUBERT L JR.	NAME	P.O. BOX 295	STREET ADDRESS	GREENVILLE FL 32331	CITY-ST-ZIP		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
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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)