Applied For

Not Applicable

## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A0100000556

1. Entity Name SP GREENWOOD LIMITED PARTNERSHIP



Principal Place of Business 25400 U.S. 19 NORTH. SUITE 154 **CLEARWATER FL 33763** 

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address 25400 U.S. 19 NORTH, SUITE 154 CLEARWATER FL 33763

3. Mailing Address

City & State

Suite, Apt. #, etc.

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SECALIARY OF STARS TAULAHASSEE, FLORIDA	*

**DUE BY MAY 1, 2003** 

4. FEI Number APPLIED FOR

FILED

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S. Name and Address of Current Registered Agent   Same	Zip 📆		Country	Zip	Cou	untry	5.	Certificate o	f Status Desired		\$8.75 Additional Fee Required	
25400 LIS-119 NORTH, SUITE-152  CLEARWATER FL 33763  City  FL  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, visual in proceedings of the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, visual in proceedings of the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the control of the control o		6. Name	and Address of Cur	rrent Registered Agr	ent							
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CLEARWATER FL 33763  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Staze of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions  \$1,000.00  10. Amount of Capital Contributions Signature Need of protein need of registered agent.  A GENERAL PARTITIER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partities MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. CENERAL PARTITIER INFORMATION  13. ADDRESS CHANGES ONLY  CONCESSION OF THE PARTITIER INFORMATION  14. ADDRESS CHANGES ONLY  CONCESSION OF THE PARTITIER INFORMATION  15. STREET ADDRESS  CITY 51-2P  11. STREET ADDRESS  CITY 51-2P  CI	- ,	1				- Stroot Artriges	′0∩>E	P~ Number	in Not Annantahi	~1 <del></del>	~ <del></del>	
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		certify that the	e information supplier	d with this filing does :	not qualify for the ex	emption stated in S	ection	119.07(3)(i).	Florida Statutes	í further ce	rtify 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:** 

