APPROVE. AND FILED

03 NOV 24 AM 8:55

1. Entity Name WRIGHT INVESTMENTS OF SARASOTA, LTD.

					O WE	TEST	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 654 BIRD BAY DRIVE EAST. #106 VENICE FL 34292			Mailing Address % LINDA ROBBINS 16 DAWN LANE RIDGEFIELD CT 06877									
2. Principal Place of Business			3. Mailing Address					III <b>fo</b> iot (ioit ooiti ootii oi			Q  Q   Q  B    B	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY SEPTEMBER 24, 2003					
City & State			City & State				00 1104000				Applied For Not Applicable	
Zip	Country	Z	ip	Country			5. Certificate of	te of Status Desired Status Desired Required Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
Darnell, Robert W					Name							
1820 RINGLING BOULEVARD					Street Address (P.O. Box Number is Not Acceptable)							
SARASOTA FL 34236												
1				L	, , , , , , , , , , , , , , , , , , , ,							
				ļ	City				FL	Zip C	ode	
	amed entity submits this statements of registered agent.	t for the pu	rpose of changing its r	egistered	f office or	registered	agent, or both,	in the State of Florida	a. I am fam	iliar wi	th, and accept	
SIGNATURE -	ignature, typed or printed name of registered as								DATE			
					itions		1	11. MAKE CHECK P		FI N	EPT OF STATE	
9. Capital Contributions as Shown on record. \$1,050,000.00 in FLORIDA to date					AUCH 13			SEE REVERSE S				
	A GENERAL PARTNE NOTE: General Partners									er.		
12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY							
DOCUMENT #				STREET	ADDRESS							
NAME WHIGHT, WILLIAM L				Omeen	THEE TABBILLOO							
STREET ADDRESS CITY-ST-ZIP  654 BIRD BAY DRIVE EAST, #106  VENICE FL 34292					T-ZIP							
DOCUMENT #	MONORIT MARILLAND ID	<del></del>		STREET	ADDRESS		*3 1 *******		ייי איניייייייייייייייייייייייייייייייי	1		
NAME WRIGHT, WILLIAM L JR. STREET ADDRESS 222 BURNS HILL ROAD							100024950 <b>741</b> 					
CITY-ST-ZIP WILTON NH 03086				CITY-S	T-ZIP		11/54/00_081054_0010 **1050*50					

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

CITY-ST-ZIP

STREET ADDRESS

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**SIGNATURE:** 

DOCUMENT #

STREET ADDRESS

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CITY-ST-ZIP

NAME

NAME STREET ADDRESS

NAME STREET ADDRESS

NAME STREET ADDRESS ROBBINS, LINDA

RIDGEFIELD CT 06877

**16 DAWN LANE** 

Daytime Phone #