

1 of 2



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09/15/03--01082--005 \*\*526.25

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # A01000001455</b>			
1. Entity Name <b>SHERRILL HOLDINGS LIMITED PARTNERSHIP</b>			
Principal Place of Business 140 CHIPPEWA AVENUE TAMPA, FL 33606		Mailing Address 140 CHIPPEWA AVENUE TAMPA, FL 33606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>WILLIAMS, DARRELL 140 CHIPPEWA AVENUE TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>			
9. Capital Contributions as Shown on record, <b>\$102,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PO1000051993	STREET ADDRESS	
NAME	WMS INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	140 CHIPPEWA AVENUE		
CITY-ST-ZIP	TAMPA, FL 33606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: 		7/10/03 8:32:58 PM	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime/PM</small>	

STAPLE CHECK HERE

CR2E003 (10/02)

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T. Samantha Chechele, Esq.

Paul C. Jensen, Esq.

*Chechele & Jensen, LLC*

5625 Central Avenue  
St. Petersburg, FL 33710  
Phone: (727) 381-6007 • Facsimile: (727) 381-7909

FILED

03 SEP 15 PM 12:46

September 10, 2003

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Sherrill Holdings Limited Partnership**

Dear Sir or Madam:

I am writing on behalf of the above-referenced corporation, concerning the 2003 UBR. The officer and shareholder of the general partner corporation did not receive the UBR form for 2003. When he became aware that the form was overdue, he contacted our office for a replacement form. Unfortunately, that was after the original due date.

Enclosed is a replacement UBR form, signed by the officer, as well as a check in the amount of \$526.25. We respectfully request that you accept that as payment in full of the 2003 renewal fee. Payment of the penalty amount would result in extreme financial hardship to the general partner corporation's officer and shareholder.

Thank you for your consideration in this matter.

Very truly yours,

  
T. Samantha Chechele

Enclosures