

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

**FILED
May 08, 2002 8:00 A.M.
Secretary of State**

DOCUMENT # A01000001619
1. Entity Name
775 Partnership, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3665 Bee Ridge Rd. Suite, Apt. #, etc. Suite 310 City & State Sarasota, FL Zip 34233		3. Mailing Address 3665 Bee Ridge Rd. Suite, Apt. #, etc. Suite 310 City & State Sarasota, FL Zip 34233	
--	--	--	--

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

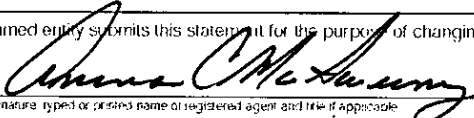
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Anina C. McSweeney
Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Rd.
Suite 310
City Sarasota FL Zip Code 34233

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.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable

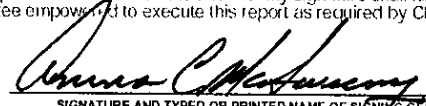
9. Capital Contributions as Shown on record. \$1000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000062701 775, Inc. 3665 Bee Ridge Rd. #310 Sarasota, FL 34233	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:  **Anina C. McSweeney** 4/29/02 941-923-4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)