


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01283</b> 1. Entity Name SUTTON PLACE ASSOCIATES, A LIMITED PARTNERSHIP					
Principal Place of Business 4350 FAIRFIELD DR. PENSACOLA, FL 32505 US			Mailing Address 2801 S.W. ARCHER RD. GAINESVILLE, FL 32608 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-1309668				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EMMER, PHILIP I. 2801 S.W. ARCHER RD. GAINESVILLE, FL 32608			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$179,550.00		10. Amount of Capital Contributions in FLORIDA to date.			
<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 #	NAME		STREET ADDRESS		
NAME	EMMER, PHILIP I.		CITY - ST - ZIP	1100000331249 04/26/05-80008-014 526.25	
STREET ADDRESS	2801 S.W. ARCHER ROAD		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	EMMER, BARBARA L.		CITY - ST - ZIP		
STREET ADDRESS	2801 S.W. ARCHER ROAD		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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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: _____			3/14/05 352-376-2444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE