

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:47

DOCUMENT # A01283 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1309668	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EMMER, PHILIP I. 2801 S.W. ARCHER RD. GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name MCGRIFF, LORI E Street Address (P.O. Box Number is Not Acceptable) 2801 SW ARCHER ROAD City GAINESVILLE FL Zip 32608	
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	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EMMER, PHILIP I. 2801 S.W. ARCHER ROAD GAINESVILLE, FL		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	EMMER, BARBARA L. 2801 S.W. ARCHER ROAD GAINESVILLE, FL		STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE





01252006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-1309668

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **MCGRIFF, LORI E**

Street Address (P.O. Box Number is Not Acceptable)

2801 SW ARCHER ROAD

City **GAINESVILLE**

FL

Zip **32608**

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DATE

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13. ADDRESS CHANGES ONLY

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 CITY-ST-ZIP

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 2801 S.W. ARCHER ROAD
 GAINESVILLE, FL

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

EMMER, BARBARA L.
 2801 S.W. ARCHER ROAD
 GAINESVILLE, FL

STREET ADDRESS
 CITY-ST-ZIP

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SIGNATURE: 
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Date

Daytime Phone #