


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021296 FP

DOCUMENT #	A02000000368	
1. Entity Name	STL LIMITED	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 13 PM 1:37

HL
4/6

Principal Place of Business 1220 SE ELDORADO PKWY CAPE CORAL FL 33904	Mailing Address 1220 SE ELDORADO PKWY CAPE CORAL FL 33904
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number	<input checked="" type="checkbox"/> 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
LEROUX, SUSAN 1220 SE ELDORADO PKWY CAPE CORAL FL 33904	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	77,886	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P02000026998	STREET ADDRESS	
NAME	ANAHAT CONCEPTS, INC	CITY-ST-ZIP	
STREET ADDRESS	1220 SE ELDORADO PKWY		
CITY-ST-ZIP	CAPE CORAL FL 33904		
DOCUMENT #		STREET ADDRESS	900018575579
NAME		CITY-ST-ZIP	05/08/03--01085--010 **598.95
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900018575579
NAME		CITY-ST-ZIP	06/13/03--01004--017 **437.50
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

FF = 526²⁵

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: Susan Leroux APRIL 28, 2003 239-540-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2003 (10/02)

STAPLE CHECK HERE