

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED


03 MAR 20 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0008936  
AT

**DOCUMENT # A02000000378**

1. Entity Name  
W. H. SULLIVAN JR. INVESTMENTS, L.P., A FLORIDA  
LIMITED PARTNERSHIP



Principal Place of Business  
5470 CAMINO REAL LANE  
VERO BEACH FL 32963

Mailing Address  
5470 CAMINO REAL LANE  
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number  Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

COLLINS, BROWN, CADLWELL, BARKETT & GARAVA  
756 BEACHLAND BLVD  
VERO BEACH FL 32963

**7. Name and Address of New Registered Agent**

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. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. *10,000,000.00*

11. MAKE CHECK PAYABLE TO FL. 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	SULLIVAN, WILLIAM H JR. 5470 CAMINO REAL LANE VERO BEACH FL 32963
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200012708242 02/18/03--01069--011 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *[Signature]* **SIGNATURE REQUIRED** *2/13/2003 77-978-0028*

DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E003 (10/02)