2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # | A0200000113 | 3 |
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| DOCUMENT # | | _ |

1. Entity Name
SIXTIETH DRIVE LIMITED PARTNERSHIP



Principal Place of Business 7330 WESTMORELAND DRIVE SARASOTA FL 34243

2. Principal Place of Business

Mailing Address 7330 WESTMORELAND DRIVE SARASOTA FL 34243

3. Mailing Address

FILED

2003 JAN 24 PM 1:21

DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA



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|---|---|------------------------------------|-------------------|--|-----------|--|---------------|----------------------------------|---------------|--------------------------------|--------------|------------------|------------|----------|--|--|
| Suite, Apt. #, etc. | | | S | Suite, Apt. #, etc. | | | | DUE BY MAY 1, 2003 | | | | | | | | |
| City & State | | C | City & State | | | 4. FEI Number | | | | | 一 | Appl | ied For | | | |
| | | | | | | | | | | | | | Applicable | | | |
| Zip | | Country | Z | p | Coun | try | 5. | 5. Certificate of Status Desired | | | | | 44 | | | |
| | 6. Name | and Address of Currer | t Registe | red Agent | | | 7. | Name and A | Address of N | ew Reg | istered Ad | | - | | | |
| • | | - " | | | | Name | | | , | | | | | | | |
| GRANT, V | Villiam b i | li | | | | , | | | | | | | | | | |
| 7330 WESTMORELAND DRIVE | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| SARASOTA FL 34243 | | | | | | | | | | | • | | | | | |
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| | | | | | | City | | | | | <u> </u> | Zip | Code | | | |
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| 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. | | | | | | | | | | | | | | | | |
| the obligat | ions of regist | ered agent. | | | | | | | | | | | | | | |
| SIGNATURE . | | | | | | | | | | | | | | | | |
| Oldi William | Signature, typed | or printed name of registered ager | nt and title if a | pplicable. | | - | | | | | DATE | | | — i | | |
| 9. Capital Co | | \$9,800.00 | · | -10. Amount of Capita | l Contrib | outions | | | 11. MAKE (| HECK F | AYABLE T | 0 FL4 [| PERT, O | F STAFE | | |
| as Shown | | | | in FLORIDA to da | | · · · · | . ' | 1 1 | SEE RE | VERSE | SIDE FOR | FEEAN | FUEDIA | TION | | |
| | 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. | | | | | | | | | | | | | | | |
| | NOTE | | | | _ | ; an amen | dment mu | ust be filed | | | | | | | | |
| 12. | GENERAL PARTNER INFORMATION | | | | | ADDRESS CHANGES ONLY | | | | | | | | | | |
| DOCUMENT # | P95000071872 | | | | | STREET ADDRESS | | | | | | | | | | |
| NAME | CLEAR CUT ACRYLICS, INC. | | | | | _ | | , | | | | | | | | |
| STREET ADDRESS | | | | | | ST-ZIP | | | | | | | | , | | |
| CITY-ST-ZIP | SARASOTA FL 34243 | | | | | | | | | | | | | | | |
| DOCUMENT # | | | | | STREE | ET ADDRESS | | | | | | | | | | |
| NAME | | 4 | | | . Ontact | - ADDITION | | | | - | | | | | | |
| STREET ADDRESS | | | | | | CITY-ST-ZIP | | | | | | | | | | |
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| DOCUMENT # | | | | | | T ADDRESS | | 700 | ากเก | 010695777 01046016 **158 75 | | | | | | |
| NAME | · | | | | | I ADDRESS | | 101/24/f | 130104 | 16 | 116 49 | k1 50 | 770 | Į. | | |
| STREET ADDRESS | | | | | | CITY-ST-ZIP | | | | | | * ;} | | | | |
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| NAME | | | | | STREE | T ADDRESS | | | | | | | | | | |
| STREET ADDRESS | 7 | | | | 1 | - | | | | | | | | | | |
| CITY-ST-ZIP | | | | • | CITY- | ST-ZIP | | | | | | | | | | |
| 1 | artifuthat the | information avantis desired | h thin fill- | | | | | 440.07(0)::: | <u> </u> | | | | | | | |
| THE THEIRDY C | ermy mai ine | information supplied wit | ri inis tilin | a aces not quality for t | ne exem | nouon stated | a in Section. | 119.07(3)(i) | Florida Statu | res I fur | ther certify | / that t | ae infor | mation I | | |

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: _



1/16/63 94/35/1596

CR2E003 (10/02) •