

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001658

1. Entity Name
WILLIE SUTTON LLLP



Principal Place of Business
P.O. BOX 16206
PLANTATION, FL 33318

Mailing Address
P.O. BOX 16206
PLANTATION, FL 33318

FILED
04 FEB -2 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MMJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022004

Chg-LP

CR2E003 (10/03)

2/2

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 **LEWIS, SAMUEL B**
STREET ADDRESS **P.O. BOX 16206**
CITY-ST-ZIP **PLANTATION, FL 33318**

STREET ADDRESS

CITY-ST-ZIP

000028159590
02/03/04 01000 007 *\$150.00

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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:

Samuel B. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FEB 2, 2004 (954) 4486261

Date

Daytime Phone #

STAPLE CHECK HERE