

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0014482
AT

DOCUMENT # **A05555**

1. Entity Name
HAMPSHIRE PROPERTIES, LTD.

02 MAY 22 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1616 ELEVENTH AVE
SEBRING FL 33872**

Mailing Address
**1616 ELEVENTH AVE
SEBRING FL 33872**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **59-1804606** Applied For Not Applicable

Zip **33875** Country

Zip **33875** Country

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

6. Name and Address of Current Registered Agent

**SULLIVAN, LEO T
1616 ELEVENTH AVE
SEBRING FL 33872**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$48,100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------------------|--------------------------|------------------------------|
| DOCUMENT # | 627543 | STREET ADDRESS | |
| NAME | LEO T. SULLIVAN & COMPANY | CITY-ST-ZIP | |
| STREET ADDRESS | 1616 ELEVENTH AVE. | | |
| CITY-ST-ZIP | SEBRING FL 33875 | | |
| DOCUMENT # | | STREET ADDRESS | 600005677036--9 |
| NAME | | CITY-ST-ZIP | -06/04/02--01031--009 |
| STREET ADDRESS | | | ****431.75 ****431.75 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | 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: *Leo T. Sullivan* **5/1/02** **863 414 4086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)