

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A06010**

1. Entity Name

SUGAR HILL, LTD.

Principal Place of Business

**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756**

Mailing Address

**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756**

FILED

02 MAR -6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-1906855

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

THOMAS F. FLYNN

**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER FL 33756**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$135,100.00

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 # **P99000079745**
NAME **SUGAR HILL ONE, INC.**
STREET ADDRESS **516 LAKEVIEW ROAD, UNIT 8**
CITY-ST-ZIP **CLEARWATER FL 33756**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F00000003282**
NAME **BOSTON CAPITAL PARTNERS, INC.**
STREET ADDRESS **ONE BOSTON PLACE**
CITY-ST-ZIP **BOSTON MA**

STREET ADDRESS

CITY-ST-ZIP

200005107252--6
-03/14/02--01027--035
*******535.00 *****535.00**

DOCUMENT #
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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 I were personally signing the report; 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.

**As President of
Corporate General Partner**

SIGNATURE: *Thomas F. Flynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas F. Flynn 2/28/02 727-449-1182

Date

Daytime Phone #

0013837 AT

CR2E003 (9/01)

STAPLE CHECK HERE