

2002 UNIFORM BUSINESS REPORT (UBR)

0008763 AT

DOCUMENT # A25655
 1. Entity Name
C. R. SEXTON GROVES, LTD.

FILED

02 MAR 14 PM 12: 25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MJK



Principal Place of Business Mailing Address
 P. O. BOX 1208 P. O. BOX 1208
 VERO BEACH FL 32961 VERO BEACH FL 32961

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 **65-0039972** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLLINS, GEORGE G. JR.
744 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,834,361.05**
 10. Amount of Capital Contributions in FLORIDA to date. **1,834,361.05**
 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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SEXTON, CHARLES R.	695 SW U.S. HIGHWAY #1	VERO BEACH FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (9/01)

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: *Charles R. Sexton* **CHARLES R. SEXTON** 6-12-02 761-264-1301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #