

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26464**

1. Entity Name
CREWSVILLE SWEETWATER LIMITED I



Principal Place of Business
**220 S. COMMERCE AVE.
SEBRING FL 33870**

Mailing Address
**P.O. BOX 3346
SEBRING FL 33871**

FILED

2003 FEB -3 PM 12:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2942628	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CREWSVILLE SWEETWATER, INC. 220 S. COMMERCE AVE. SEBRING FL 33870		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record.	\$1,320,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

11. MAKE CHECK PAYABLE TO FL. 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 #	J65429	STREET ADDRESS	
NAME	CREWSVILLE SWEETWATER INC.	CITY-ST-ZIP	
STREET ADDRESS	220 S. COMMERCE AVE.		
CITY-ST-ZIP	SEBRING FL 33870		
DOCUMENT #		STREET ADDRESS	200011621612
NAME		CITY-ST-ZIP	02/03/03--01085--025 **526.25
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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: *Signature* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0014744 AT