2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A27763

1. Entity Name
SUTTON INVESTMENTS, LTD. LLP

Principal Place of Business	Mailing Address
7660 GRANVILLE DR. TAMARAC, FL 33321	7660 GRANVILLE DR. TAMARAC, FL 33321

01082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0084567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTON, ALBERT A
7660 GRANVILLE DR.
TAMARAC, FL 33321

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record.	$667,965.00	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 #	G00061900166	STREET ADDRESS	
NAME	ALBERT A. SUTTON, REVOCABLE TRUST ✓	CITY-ST-ZIP	100000065994 02/28/04-80017-002 526.25
STREET ADDRESS	7660 GRANVILLE DR.		
CITY-ST-ZIP	TAMARAC, FL 33321		
DOCUMENT #	G00061900167	STREET ADDRESS	
NAME	LORRAINE P. SUTTON, REVOCABLE TRUST ✓	CITY-ST-ZIP	
STREET ADDRESS	7660 GRANVILLE DR.		
CITY-ST-ZIP	TAMARAC, FL 33321		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	PD 526.25 2/11/04 199 Sutton
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Lorraine Sutton GP/TTEE Lorraine Sutton TTEE 2/1/04 954-721-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #