

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27763**

1. Entity Name  
**SUTTON INVESTMENTS, LTD. LLP**



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

Mailing Address  
**7660 GRANVILLE DR.  
TAMARAC, FL 33321**



01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0084567**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

1000000384514  
01/12/06-00017-001 500.00

**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 # **G00061900166**  
NAME **ALBERT A. SUTTON, REVOCABLE TRUST**  
STREET ADDRESS **7660 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

DOCUMENT # **G00061900167**  
NAME **LORRAINE P. SUTTON, REVOCABLE TRUST**  
STREET ADDRESS **7660 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 G.P.* *Lorraine Sutton, 1/7/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone # 924 761 2

STAPLE CHECK HERE