


2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # A27763 1. Entity Name SUTTON INVESTMENTS, LTD. LLP	
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Principal Place of Business 7660 GRANVILLE DR. TAMARAC FL 33321	Mailing Address 7660 GRANVILLE DR. TAMARAC FL 33321
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-0084567		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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	000000824843 02/20/08-80095-002 500.00
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	
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STREET ADDRESS			
CITY-ST-ZIP			

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* *Lorraine Sutton* *Lorraine Sutton* 2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dorsing Phone #

STAPLE CHECK HERE