

Due By May 1, 2004

DOCUMENT # A27817

1. Entity Name
GARRETT INVESTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 29 PM 4:17

Principal Place of Business
4512 HUDSON LANE
TAMPA, FL 33624

Mailing Address
%TERRENCE F. PYLE, P.A.
P.O. BOX 5869
SUN CITY CENTER, FL 33571



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

59-2926183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAME
PYLE, TERRACE F.
707 DEL WEBB BLVD.
SUN CITY CENTER, FL 33573

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

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

DATE

9. Capital Contributions
as Shown on record. **\$980,000.00**

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 # | | STREET ADDRESS | |
| NAME | GARRETT, NORMA C. | CITY-ST-ZIP | |
| STREET ADDRESS | 4512 HUDSON LANE | | |
| CITY-ST-ZIP | TAMPA, FL 33624 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | GUZZO, REBA D. | CITY-ST-ZIP | |
| STREET ADDRESS | 4512 HUDSON LANE | | |
| CITY-ST-ZIP | TAMPA, FL 33624 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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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: Norma C. Garrett 1-12-04 Norma C. Garrett
General Partner General Partner