2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000726B AT

DOCUMENT # A32869

1. Entity Name
SHERWOOD APARTMENTS, LTD.

FILED
03 APR 28 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA MJM

Principal Place of Business	Mailing Address
PO BOX 644 MILTON FL 32570	PO BOX 644 MILTON FL 32570

4/28

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

DUE BY MAY 1, 2003

4. FEI Number 59-3119611 ☐ Applied For ☐ Not Applicable

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
CARVER, RALPH S 4284 HWY. 90 PACE FL 32571	Name S. Ellen Carver Street Address (P.O. Box Number is Not Acceptable) 4284 Hwy 90 City Pace FL FL Zip Code 32571

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 S. Ellen Carver 4-23-03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$650.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	CARVER, RALPH S	CITY-ST-ZIP	
STREET ADDRESS	4284 HIGHWAY 90		
CITY-ST-ZIP	PACE FL 32571		
DOCUMENT #		STREET ADDRESS	
NAME	CARVER, STANLEY A	CITY-ST-ZIP	100001 720456 1 04/28/03--01094--013 **237.50
STREET ADDRESS	4284 HWY. 90		
CITY-ST-ZIP	PACE FL 32571		
DOCUMENT #		STREET ADDRESS	
NAME	CARVER, S. ELLEN	CITY-ST-ZIP	
STREET ADDRESS	4284 HIGHWY 90		
CITY-ST-ZIP	PACE FL 32571		
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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: S. Ellen Carver SIGNATURE REQUIRED 4-23-03 850-994-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #