2002	UNIFORM	BUSINESS	REPORT	(URR)
	OMITORIN	DO2114E33	NEFUNI	(UDR)

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		11(200 112)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_			
DOCUMENT # A33389 1. Entity Name					FILED			
SARASOTA TRUST CENTER, LTD.					02 FEB 21 AM 11: 05			
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 640 SOUTH WASHINGTON BLVD #200 SARASOTA FL 34236 Mailing Address 640 SOUTH WASHINGTON BLVD # SARASOTA FL 34236 SARASOTA FL 34236			ON BLVD.	#200				
Principal Place of Business 3. Mailing Add		3. Mailing Address	dress		T TERRORY COME PRINT INCOMPRISED TO THE PRINT COMPANY OF THE PRINT BROWN			
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002			
City & State		City & State			4. FEI Number 65-0354128 Applied For Not Applicable			
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registered Agent			
CRISSY. I	BRUCE M., JR.			Name				
	ASHINGTON BLVD.			Street Address (P.O. Box Number is Not Acceptable)				
SARASO1	TA FL 34236							
				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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE								
9. Capital Co	~	10. Amount of Cap		butions 0 . / a	DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE			
as Shown o	on record.	in FLORIDA to		UST BE REGIST	SEE REVERSE SIDE FOR FEE INFORMATION ** TERED AND ACTIVE WITH THIS OFFICE.			
	NOTE: General Partners Ma	AY NOT be changed on	the form	ı; an amendmen	nt must be filed to change a general partner.			
12.	GENERAL PARTNE	RINFORMATION	13.		ADDRESS CHANGES ONLY			
NAME	SARASOTA TRUST CORP. 640 S. WASHINGTON BLVD.		STR	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT#		<u> </u>	eTp.	EET ADDRESS				
NAME STREET ADDRESS			Jin					
CITY-ST-ZIP	CITY		-ST-ZIP	7000050333676				
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME			STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # 5			STR	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СІТУ	-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 accordate 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 Of this ham E. Gilbert Approach								
SIGNATURE. SIGNATURE AND PRINTED NAME OF SIGNING GENERAL PARTNER COLORAL PARTNER PART								