2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A9200000072 **DOCUMENT #**

Country

33903

1. Entity Name

LITTLETON LIMITED PARTNERSHIP



FILED 03 APR 10 AM 10: 01 ETABY OF STATE HASSEE, FLORIDA

Principal Place of Business % CANDICE FREESE				
6370 PGA DRIVE NE				
NORTH FT MYERS FL 33917				

Mailing Address
% CANDICE FREESE 6370 PGA DRIVE NE NORTH FT MYERS FL 33917

Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DUE BY MAY 1, 20	003	
City & State	City & State	4. FEI Number 59-0155622	Applied For	

Country

6. Name	and Address of Current R	legistered Agent		-

Zio

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

Not Applicable

STORRY, EUGENE R
8330 LITTLETON ROAD
NORTH FORT MYERS FL

Street Address (P.O.	. Box N	lumber is	Not Acce	eptable)	
·					
				•	
,	1	•			

	City			
tere	d office	or	registere	d age

Zip Code

The above named entity submits this statement for the purpose of changing its registered o	iffice or registered	o agent, or post. In the Malarott forder an familiar with, and accep-
the above rained entity submits this statement for the purpose of changing its registered of the obligations of registered agent.		INTERNATION OF THE PRICE OF THE
		0 W 104.00 01000-000 64.000

SIGNATURE

9. Capital Contributions

as Shown on record.

Zip

Signature, typed or printed name of registered agent and title if applicable \$702,500.00

10. Amount of Capital Contributions in FLORIDA to date.

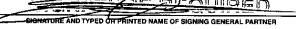
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME	P92000002094 STORRY ASSOCIATES, INC.	STREET ADDRESS	,
STREET ADDRESS CITY-ST-ZIP	8330 LITTLETON RD. NORTH FT MYERS FL 33903	CITY-ST-ZIP	300015646473 04/10/0301056006 **526, 25
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME	-	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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:



Daytime Phone #