


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008340 AT

DOCUMENT # A93000000161

1. Entity Name
SANTRUST, LTD.



FILED

03 APR 15 AM 11:07



Principal Place of Business
738 RUGBY STREET
ORLANDO FL 32804

Mailing Address
738 RUGBY STREET
ORLANDO FL 32804

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 59-3169219	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

W. M. SANDERLIN & ASSOCIATES, INC.
738 RUGBY STREET
ORLANDO FL 32804

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

9. Capital Contributions as Shown on record. \$38,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	K57211	STREET ADDRESS	
NAME	W. M. SANDERLIN & ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	738 RUGBY STREET		
CITY-ST-ZIP	ORLANDO FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			000016065428
CITY-ST-ZIP			04/15/03--01032--012 **363.50
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Judy S. ...* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** _____

Date _____ Daytime Phone # _____