


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A93000000707			
1. Entity Name SUTTE PARTNERSHIP, LTD.			
Principal Place of Business 2433 LEE ROAD WINTER PARK FL 32789		Mailing Address 2433 LEE ROAD WINTER PARK FL 32789	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3187824		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTTE, ROBERT S 2433 LEE ROAD WINTER PARK FL 32789		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
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	STREET ADDRESS	
NAME	SUTTE, ROBERT S	CITY- ST- ZIP	
STREET ADDRESS	2433 LEE ROAD		
CITY- ST- ZIP	WINTER PARK FL 32789		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SULLIVAN, ROBERT W JR	CITY- ST- ZIP	
STREET ADDRESS	484 PLEASANT STREET		
CITY- ST- ZIP	BROCKTON MA 02403		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
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 exemptions contained in Chapter 119, 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: _____		Date _____	
Signature and typed or printed name of signing general partner		Daytime Phone # _____	
ROBERT SUTTE		407-628-0505	



1st MOORE CR2E003 (10/06)

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