

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000707

1. Entity Name
SUTTE PARTNERSHIP, LTD.



FILED

2003 APR 23 AM 8:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$431,899.00		10. Amount of Capital Contributions in FLORIDA to date. \$431,899.00	
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	STREET ADDRESS	
NAME	SUTTE, ROBERT S	CITY-ST-ZIP	400016813584
STREET ADDRESS	2433 LEE ROAD		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #	NAME	STREET ADDRESS	04/23/03--01071--010 **526.25
NAME	SULLIVAN, ROBERT W JR	CITY-ST-ZIP	
STREET ADDRESS	484 PLEASANT STREET		
CITY-ST-ZIP	BROCKTON MA 02403		
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STREET ADDRESS			
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: Robert S. Sutte ROBERT S. SUTTE 4/15/03 407-628-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)