

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001140**

1. Entity Name

**SAPPHIRE I LIMITED PARTNERSHIP**

Principal Place of Business

**7805 SARANAC COURT  
ORLANDO FL 32835**

Mailing Address

**7805 SARANAC COURT  
ORLANDO FL 32835**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**

**01 JAN 18 AM 11:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3205479**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDADÉ, ELIZABETH A  
7805 SARANAC COURT  
ORLANDO FL 32835**

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.

SIGNATURE

*Elizabeth A. McDade*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$1,410,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

*No change*

11. MAKE CHECK PAYABLE TO 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 # **P98000028985**  
NAME **GLENNVILLE MANAGEMENT COMPANY**  
STREET ADDRESS **7805 SARANAC COURT**  
CITY-ST-ZIP **ORLANDO FL 32835**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300003602819--0**  
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**\*\*\*535.00 \*\*\*535.00**

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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:

*Elizabeth A. McDade (President, Glennville Management Co.)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**01/11/2001**

Date

**(407) 293-1050**

Daytime Phone #

CR2E003 (11/00)