

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #  
1. Entity Name  
  
STIRLINGWOOD DEVELOPERS LTD.

Principal Place of Business  
C/O LOUIS J. ANTONUCCI  
1921 S.W. 74TH TERRACE  
PLANTATION FL 33317

Mailing Address  
C/O LOUIS J. ANTONUCCI  
1921 S.W. 74TH TERRACE  
PLANTATION FL 33317

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

4. FEI Number  
59-2225123  
Applied For  
Not Applicable

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WEISMAN, DAVID  
C/O ABRAMS, ANTON, ROBBINS, ET AL  
2021 TYLER STREET  
HOLLYWOOD FL 33022

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip 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  
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.  
\$3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

12. GENERAL PARTNER INFORMATION  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
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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: Louis J. Antonucci  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date  
Daytime Phone #

FILED  
01 FEB 19 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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