

2001 UNIFORM BUSINESS REPORT (UBR)

0006714 AF

DOCUMENT # A94000001361

1. Entity Name
STIRLINGWOOD DEVELOPERS LTD.

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



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

4. FEI Number **59-2225123**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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)

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 _____ (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

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 CITY-ST-ZIP	P94000061837 SWDGP, INC. C/O ANTONUCCI, 1921 S.W. 74TH TERRACE PLANTATION FL 33317	STREET ADDRESS	100003744961--?
		CITY-ST-ZIP	-02/21/01--01042--002 ***526.25 ***526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		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* RECLUISEB ANTONUCCI 1-22-01 9547910103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)