

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015706 AT

DOCUMENT # A94000001515



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Wly/B

03 APR -2 PM 2:46



| | |
|--|---|
| 1. Entity Name CLAREMONT ASSOCIATES, L.P. | |
| Principal Place of Business 408 PARTRIDGE CIRCLE SARASOTA FL 34236 | Mailing Address PO BOX 3319 SARASOTA FL 34230 |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DUE BY MAY 1, 2003

| | |
|---|--|
| 4. FEI Number 65-0541843 | 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

KILAR, CLARE J
408 PARTRIDGE CIRCLE
SARASOTA FL 34236

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 *Clare J. Kilar* DATE 3/1/2003

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

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$0.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 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 | |
|---------------------------------|--------------------------------|
| DOCUMENT # | P94000082641 |
| NAME | SEAHORSE SADDLERY, INC. |
| STREET ADDRESS | 408 PARTRIDGE CIRCLE |
| CITY-ST-ZIP | SARASOTA FL 34236 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | 200015177942 04/02/03--01053--018 **141.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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)(l), 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: *Clare J. Kilar* DATE 3/1/2003

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

CR2E003 (10/02)