

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

UBR002
A1

DOCUMENT # **A95000000739**

1. Entity Name

SHERWOOD HOLDINGS, LTD.

02 APR 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**6001 MEDICI CT
SARASOTA FL 34243**

Mailing Address

**6001 MEDICI CT
SARASOTA FL 34243**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

58-2177065

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALVEY
ALVEY, D. GARY
6001 MEDICI CT
SARASOTA FL 34243**

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

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

4/27/02
DATE

9. Capital Contributions
as Shown on record.

~~\$16,000,000.00~~
5,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

5,000.00

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 #	P95000013856
NAME	SHERWOOD VENTURES, INC.
STREET ADDRESS	6001 MEDICI CT
CITY-ST-ZIP	SARASOTA FL 34243
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005503164--1
CITY-ST-ZIP	--05/10/02--01060--017
STREET ADDRESS	***535.00 ***535.00
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)(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:

D. Gary Alvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/02
Date

Daytime Phone #

CR2E003 (9/01)