

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # A96000000685

1. Entity Name

SWEETWATER VILLAGE PHASE III, LTD.

Principal Place of Business

Mailing Address

405-F ATLANTIS ROAD

P.O. BOX 928

CAPE CANAVERAL
32920

FL

CAPE CANAVERAL
32920

FL

2. Principal Place of Business

909 E. NEW HAVEN

3. Mailing Address

Suite, Apt. #, etc.

#224

Suite, Apt. #, etc.

City & State

MELBOURNE

FL

City & State

4. FEI Number

59-3371078

Applied For

Not Applicable

Zip
32901

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMLIN CURTIS DESQ
1205 MANATEE AVE. W

BRADENTON FL
34205 US

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

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

DATE

9. Capital Contributions

as Shown on record. 1,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 1,000.00

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 #
NAME SAXON GROUP, INC.
STREET ADDRESS 405-F ATLANTIS ROAD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

STREET ADDRESS 909 E. NEW HAVEN

CITY-ST-ZIP MELBOURNE FL 32901

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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: Christopher Straka

Pres

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)