

2002 UNIFORM BUSINESS REPORT (UBR)

0011561 AT

DOCUMENT # A96000001659

1. Entity Name

SAWGRASS SHOPPS, LTD.

FILED

02 APR 30 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2406 NORTH LAKESIDE DRIVE
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 2011
WEST PALM BEACH FL 33402

2. Principal Place of Business

315 South Dixie Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

City & State
West Palm Beach, FL

City & State

Zip Country
33401 USA

Zip Country

DUE BY MAY 1, 2002

4. FEI Number

65-0695184

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, RICHARD G
1665 PALM BEACH LAKES BLVD., SUITE 600
WEST PALM BEACH FL 33401

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

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

DATE

9. Capital Contributions as Shown on record.

\$5,000.00

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

DOCUMENT # P96000015298
NAME SAWGRASS SHOPPS, INC.
STREET ADDRESS 303 GARDINA STREET
CITY-ST-ZIP WEST PALM BEACH FL 33401

13. ADDRESS CHANGES ONLY

STREET ADDRESS 315 South Dixie Highway Suite 103
CITY-ST-ZIP West Palm Beach, FL 33401

DOCUMENT #
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CR2E003 (9/01)

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: *[Signature]* 4/14/02 54-586-8353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER