

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A96000001659**

1. Entity Name  
**SAWGRASS SHOPPS, LTD.**



Principal Place of Business  
**315 SOUTH DIXIE HIGHWAY, SUITE 103  
WEST PALM BEACH FL 33401**

Mailing Address  
**P.O. BOX 2011  
WEST PALM BEACH FL 33402**

**FILED**

**03 APR - 9, PM 3:51**



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0695184**

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**

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

**7. Name and Address of New Registered Agent**

Name *Henry Wilmering*  
Street Address (P.O. Box Number is Not Acceptable)  
*315 S. Dixie Hwy #101*  
City *West Palm Beach* FL Zip Code *33401*

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

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

DATE

9. Capital Contributions **\$5,000.00** 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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **P96000015298**  
NAME **SAWGRASS SHOPS, INC.**  
STREET ADDRESS **315 SOUTH DIXIE HIGHWAY, SUITE 103**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY-ST-ZIP

**500015561045**  
*04/09/03 01069 014 \*\*150.00*

DOCUMENT #  
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CITY-ST-ZIP

**M. THOMAS**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E003 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/14/03*  
Daytime Phone #