

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018949 MB

DOCUMENT # A96000001799 1. Entity Name SARDONYX ASSOCIATES LIMITED PARTNERSHIP	
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FILED
03 MAY -5 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 825 SANTA BARBARA BLVD. CAPE CORAL FL 33991	Mailing Address 311 CASTLE SHANNON BLVD. PITTSBURGH PA 15234
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0700170	
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAVINA, PETER J 1833 HENDRY STREET FORT MYERS FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City

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

9. Capital Contributions as Shown on record. \$250,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	F96000004992	STREET ADDRESS	
NAME	PERIDOT ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	311 CASTLE SHANNON BLVD.		
CITY-ST-ZIP	PITTSBURGH PA 15234		200017921812
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			05/05/03 01003-022 **535.00
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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: *Robert C. Lohr* **REQUIRED** *Robert C. Lohr* **DATE:** *4/28/03* **DAYTIME PHONE #:** *412-341-4500*

STAPLE CHECK HERE

CR2E003 (10/02)