## **2003 LIMITED PARTNERSHIP**

UN	WIFORK	I BUSINE	SS REPOR	3T (	UBR)				\ 1	
1. Entity Na	JMENT #	A97000 TNERSHIP	0001103	-			r SECRETI DIVISION O	TLED ARY OF F CORP	STATE ORATIONS 1	
Principal Place of Business 84 N. SEWALLS POINT ROAD STUART FL 34996			Mailing Address 84 N. SEWALLS POINT ROAD STUART FL 34996		<u> </u>	03 JAN -	-9 AM	9:		
2. Principal	Place of Business	S	3. Mailing Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & Sta	ate		City & State	·	·=	^ 4. FE	Number 65-0789261		Applied For Not Applicable	
Zip		Country	Zip	Cour	itry	<b>5.</b> Ce	ertificate of Status Desired	<u>*</u>	\$8.75 Additional	
	6. Name an	d Address of Current R	egistered Agent			7. Na	me and Address of New I	Registere	d Agent	
SARA F. HANAN TRUST 84 N. SEWALLS POINT ROAD STUART FL 34996					Street Address (P.O. Box Number is Not Ac			9)		
8. The above the obliga	e named entity su tions of registered	bmits this statement for t d agent.	the purpose of changing its	s registere	City ed office or reg	istered agen	t, or both, in the State of Flo	orida. I an	Zip Code n familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capit in FLORIDA to c	outions 160	500	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GEN NOTE: G	eneral Partners MAY	NO! De changed on t	NTITY M	UST BE BEG	ISTEREN	AND ACTIVE WITH TH	IS OFFIC	· E	
12.		GENERAL PARTNER I	NFORMATION .	13.			ADDRESS CHA			
DOCUMENT / NAME	SARA F. HANAN TRUST					•				
STREET ADDRESS CITY-ST-ZIP	STUART FL 3		, <u></u>	CITY-ST-ZIP						
NAME				STREE	T ADDRESS				,	
STREET ADDRESS CITY-ST-ZIP			100	CITY-	ST-ZIP					
DOCUMENT / NAME STREET ADDRESS				STREE	T ADDRESS		100009993331 01/03/0301054007 **150.00			
CITY-ST-ZIP  DOCUMENT #				CITY-:	ST-ZIP		U1/U3/U3U1/U3	,4UU	**!50.UU	
NAME STREET ADDRESS				STREE	T ADDRESS			<del></del>		
CITY-ST-ZIP  DOCUMENT #				CITY-	ST-ZIP		,			
				STREE	T ADDRESS				ſ	

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP DOCUMENT #

CR2E003 (10/02)