Applied For

2003 LIMITED PARTNERSHIP			
UNIFORM	BUSINESS REPORT	(UBR	
DOCUMENT #	A97000001136		
Entity Name WELCH INVESTMENTS (OF SARASOTA, LTD.		



Principal Place of Business
700 JOHN RINGLING BLVD. #E315 SARASOTA FL 34236

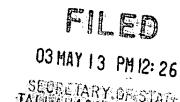
City & State

as Shown on record.

Mailing Address 700 JOHN RINGLING BLVD. #E315 SARASOTA FL 34236

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State





DUE BY MAY 1, 2003

Only a Orace		Only a orace		4. 1 c. Ndinber 65-0/52220		Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired		3.75 Additional e Required
6	. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Reg	istered Age	ent
WELCH, ROBERTA 700 JOHN RINGLING BLVD, #E315			reet Address (P.O. Box Number is Not Acceptable)			
sarasota fl	. 34236					
_		<u> </u>	Ci	ty	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.	am familiar with,	and accept
	the obligations of registered agent.		

SIGNATURE Signature, typed	or printed name of registered agent and title if appli		
9. Capital Contributions	\$1,117,500.00	10. An	

10. Amount of Capital Contributions 117,500.00 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 # NAME	WELCH, ROBERTA	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	700 JOHN RINGLING BLVD, #E315 SARASOTA FL 34236	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	300018821223 05/13/0301014017 **\$26.25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	05/13/0301014017 **526.25
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # 2		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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:

SIAPLE CHECK HEKE

941-366-6380 Dayline Phone #

Date