

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011933 AT

**DOCUMENT # A97000001141**  
 1. Entity Name  
**3363 SEDGWICK MORTGAGE HOLDINGS LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

W  
 2/19

03 FEB 17 PM 4:17

Principal Place of Business  
**1773 WILTSHIRE VILLAGE DRIVE  
 WELLINGTON FL 33414**

Mailing Address  
**1773 WILTSHIRE VILLAGE DRIVE  
 WELLINGTON FL 33414**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

DUE BY MAY 1, 2003

4. FEI Number **65-0763827**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANATION FL 33324**

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. 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. **\$740,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$740,000.00**

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	
DOCUMENT #	<b>M97000000287</b>
NAME	<b>3363 SEDGWICK MORTGAGE LLC</b>
STREET ADDRESS	<b>1773 WILTSHIRE VILLAGE DRIVE</b>
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

700012593437  
 02/17/03--01051--005 \*\*535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report is true and accurate and that my signature shall have the same legal effect as if the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I further certify that the information is true and accurate.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Sherry February 11, 2002 (914) 793-1793 X22

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (10/02)