

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000000159**

1. Entity Name

AMERICAN INVESTMENTS OF SARASOTA, LTD.

Principal Place of Business

1642 BAYWOOD WAY  
SARASOTA FL 34231

Mailing Address

1642 BAYWOOD WAY  
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **65-0808325**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARNELL, ROBERT W**  
**2033 MAIN STREET, SUITE 400**  
**SARASOTA FL 34237**

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

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

DATE

9. Capital Contributions as Shown on record.

**\$449,410.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #	
NAME	<b>AIDLIN, SAMUEL S</b>
STREET ADDRESS	<b>1642 BAYWOOD WAY</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
DOCUMENT #	
NAME	<b>AIDLIN, STEPHEN H</b>
STREET ADDRESS	<b>1642 BAYWOOD WAY</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
DOCUMENT #	
NAME	<b>AIDLIN, MARY K</b>
STREET ADDRESS	<b>1642 BAYWOOD WAY</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
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	<b>500007601865--9</b>
CITY-ST-ZIP	<b>-09/09/02--01065--009</b>
	<b>****926.25 ****926.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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:

*SIGNATURE* **8/9/02**

Date

**941924 964**

Daytime Phone #

CR2E003 (4/02)

**FILED**  
**2002 SEP -5 AM 10:46**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

