

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015752 AT

DOCUMENT # **A98000000159**

1. Entity Name
AMERICAN INVESTMENTS OF SARASOTA, LTD.



FILED

03 APR 11 PM 2:23

Principal Place of Business
**1642 BAYWOOD WAY
SARASOTA FL 34231**

Mailing Address
**1642 BAYWOOD WAY
SARASOTA FL 34231**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0808325**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

9. Capital Contributions as Shown on record. **\$449,410.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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. 437⁵⁰

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	AIDLIN, SAMUEL S	1642 BAYWOOD WAY	SARASOTA FL 34231		
	AIDLIN, STEPHEN H	1642 BAYWOOD WAY	SARASOTA FL 34231		
	AIDLIN, MARY K	1642 BAYWOOD WAY	SARASOTA FL 34231		

CR2E003 (10/02)

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 REQUIRED *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/27/03 941-924-9200
Date Daytime Phone #

STAMPLE CHECK HERE