

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000000625**

1. Entity Name  
**SAWGRASS JOINT VENTURE LIMITED PARTNERSHIP**



Principal Place of Business  
1389 NW 136 AVE.  
SUNRISE FL 33323

Mailing Address  
1389 NW 136 AVE.  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

2003 APR 23 AM 9:29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0132203**

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARTER, DON  
1389 NW 136 AVE.  
SUNRISE FL 33323**

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.

**\$400.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**400.00**

**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**

**13.**

ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CARTER, DON  
9895 SW 98 ST.  
MIAMI FL 33176**

STREET ADDRESS  
CITY-ST-ZIP

**4000016810854  
04/23/03--01061--022 \*\*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ISAN, JERRY  
2420 NE 27 ST.  
LIGHTHOUSE POINT FL 33064**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**POWELL, JOHN JR  
36750 US HWY. 19  
TARPON SPRINGS FL 34689**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ROSE, BURT  
7025 WEST WIND  
SYLVANIA OH 43560**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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:** *Jerry Isan* **SIGNATURE REQUIRED** *Jerry Isan* **04-16-03 954) 846-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0011378  
A1

CR2E003 (10/02)