2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001410

1. Entity Name
SPARKS PARTNERSHIP, LTD.

FILED

03 MAR 20 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2580 SOUTH OCEAN BLVD., #2A2 PALM BEACH, FL 33480	2580 SOUTH OCEAN BLVD., #2A2 PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **65-0844039** ☐ 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
SPARKS, HAROLD N 2580 SOUTH OCEAN BLVD., #2A2 PALM BEACH, FL 33480	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. **$7,200,000.00**	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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY.	
DOCUMENT #		STREET ADDRESS	
NAME	SPARKS, HAROLD N	CITY-ST-ZIP	
STREET ADDRESS	2580 SOUTH OCEAN BLVD., #2A2		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME	SPARKS, REBECCA ANN	CITY-ST-ZIP	700014408517 03/20/03--01027--020 **526.25
STREET ADDRESS	317 OGDEN AVE.		
CITY-ST-ZIP	TEANECK, NJ 07666		
DOCUMENT #		STREET ADDRESS	
NAME	SPARKS, HAROLD N TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	2580 SOUTH OCEAN BLVD., #2A2		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME	SPARKS, CYNTHIA SUSAN	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 3056		
CITY-ST-ZIP	ASPEN, CO 81612		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	M THOMAS
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Harold N Sparks 3/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #