

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

APPROVED  
AND  
FILED

02 MAR -4 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001551

1. Entity Name

CARTER INVESTMENTS OF SARASOTA, LTD.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8040 VIA FIORE

Suite, Apt. #, etc.

3. Mailing Address

8040 VIA FIORE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0848498

Applied For

Not Applicable

Zip

34238

Country

Zip

34238

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DARNELL, ROBERT W.

Street Address (P.O. Box Number is Not Acceptable)

1820 RINGLING BOULEVARD

City

SARASOTA

FL

Zip Code

34236

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

DATE

9. Capital Contributions

as Shown on record. \$1,408,794.00

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

CARTER, WILLIAM E.

STREET ADDRESS

8040 VIA FIORE

CITY-ST-ZIP

SARASOTA, FL 34238

STREET ADDRESS

CITY-ST-ZIP

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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:

*William E. Carter*

2-28-02 941-925-0580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)