

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001786**

1. Entity Name

SW PROPERTIES I, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 11



Principal Place of Business

**5880 MIDNIGHT PASS ROAD, UNIT 807
SARASOTA FL 34242**

Mailing Address

**5880 MIDNIGHT PASS ROAD, UNIT 807
SARASOTA FL 34242**

2. Principal Place of Business

1301 N. TAMiami TRAIL

Suite, Apt. #, etc.

#502

3. Mailing Address

1301 N. TAMiami TRAIL

Suite, Apt. #, etc.

#502

DUE BY MAY 1, 2002

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0853245

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, FUREN ET AL
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$460,000.00

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
STREET ADDRESS
CITY-ST-ZIP
**SABLER, S. ROBERT
5880 MIDNIGHT PASS ROAD, UNIT 807
SARASOTA FL 34242**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**900005282669--1
-04/16/02--01060--006
****526.25 ****526.25**

DOCUMENT #
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 9/02 (941) 346-4801

Date

Daytime Phone #

CR2E003 (9/01)