

# 2001 UNIFORM BUSINESS REPORT (UBR)

192


0001428 AT

**DOCUMENT # A98000002673**

1. Entity Name  
**HUSTON INVESTMENTS LIMITED PARTNERSHIP**

Principal Place of Business <b>4150 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>	Mailing Address <b>4150 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>
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**FILED**  
01 SEP -4 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY SEPTEMBER 26, 2001**

4. FEI Number <b>65-0880155</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HUSTON, SANFORD W 4150 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date _____	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	<b>G98296000117 THE SANFORD HUSTON REVOCABLE TRUST 4150 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>G98299000170 THE JUDITH HUSTON REVOCABLE TRUST 4150 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>	STREET ADDRESS	<b>800004597858--4</b>
		CITY-ST-ZIP	<b>-09/19/01--01024--004</b>
			<b>****526.25 ****526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		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: SIGNATURE REQUIRED** *Sanford W. Huston* 9/3/01 516-765-2544

STAPLE CHECK HERE

CR2E003 (5/01)