2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000091

1. Entity Name
Sherwood Partners, Ltd.

FILED
00 MAY -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
U.S. #1 & Colorado Avenue
Stuart, FL 34995

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P. O. Box 9012	
City & State		City & State Stuart, FL	
Zip	Country	Zip 34995-9012	Country U.S.

4. FEI Number 65-0898002 ☐ 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
Dennis S. Hudson, III U.S. #1 & Colorado Avenue Stuart, FL 34995	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
10,000		

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	Dennis S. Hudson, Jr. U. S. #1 & Colorado Avenue Stuart, FL 34995	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Anne P. Hudson U.S. #1 & Colorado Avenue Stuart, FL 34995	STREET ADDRESS CITY-ST-ZIP	100003288091--5 -05/14/00--01025--011 ****158.75 ****158.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Dennis S. Hudson, III U. S. #1 & Colorado Avenue Stuart, FL 34995	STREET ADDRESS CITY-ST-ZIP	no add-up
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: _____ Dennis S. Hudson, III 4/28/00 561-288-6086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #