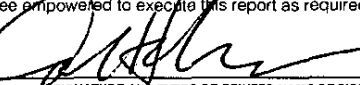


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25

DOCUMENT # A99000000091 1. Entity Name SHERWOOD PARTNERS, LTD.					
Principal Place of Business U.S. #1 AND COLORADO AVENUE STUART, FL 34995			Mailing Address C/O DENNIS S. HUDSON, III P.O. BOX 9012 STUART, FL 34995-9012		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0898002	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, DENNIS S III U.S. #1 AND COLORADO AVENUE STUART, FL 34995				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. 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. \$10,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
NAME	HUDSON, DENNIS S JR		CITY-ST-ZIP		
STREET ADDRESS	U.S. #1 AND COLORADO AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	STUART, FL 34995		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HUDSON, ANNE P		CITY-ST-ZIP		
STREET ADDRESS	U.S. #1 AND COLORADO AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	STUART, FL 34995		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HUDSON, DENNIS S III		CITY-ST-ZIP		
STREET ADDRESS	U.S. #1 AND COLORADO AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	STUART, FL 34995		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: 			General Partner		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 2-11-04		
Daytime Phone #: 772 288 6086			Daytime Phone #		

STAPLE CHECK HERE



02112004 Chg-LP CR2E003 (10/03)

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

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.

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12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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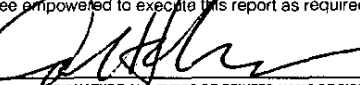
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SIGNATURE: 

General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2-11-04

Daytime Phone #: 772 288 6086