

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 10, 2006 08:00 AM
Secretary of State

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**



07052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**HUDSON, DENNIS S III
U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
**HUDSON, DENNIS S JR
U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUDSON, ANNE P
U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUDSON, DENNIS S III
U.S. #1 AND COLORADO AVENUE
STUART, FL 34995**

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NAME
STREET ADDRESS
CITY-ST-ZIP

000000569421
07/11/06-80026-003 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DENNIS S. HUDSON III

Date

7/5/06

Daytime Phone #

288-6086

STAPLE CHECK HERE