

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 12, 2007 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**



01052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0898002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
After May 1, 2007, Fee will be \$900.00**

000000585748
01/16/07-80025-016 500.00

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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CITY-ST-ZIP

**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

Date

Daytime Phone #

General Partner 1-5-07 772 288 6086

STAPLE CHECK HERE