

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

FILED  
03 FEB -4 PM 12: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                |         |                     |         |                                                           |                                |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | DUE BY MAY 1, 2003                                        |                                |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                           |                                |
| City & State                   |         | City & State        |         | 4. FEI Number 65-0898002                                  | Applied For<br>Not Applicable  |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|                                                                        |  |                                                                                |  |
|------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent                                    |  |
| HUDSON, DENNIS S III<br>U.S. #1 AND COLORADO AVENUE<br>STUART FL 34995 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br>Signature, typed or printed name of registered agent and title if applicable. |                                                         | DATE _____                                                                           |  |
| 9. Capital Contributions as Shown on record. \$10,000.00                                         | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |  |

**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                     | STUART FL 34995             |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            | HUDSON, ANNE P              | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | U.S. #1 AND COLORADO AVENUE |                          |  |
| CITY-ST-ZIP                     | STUART FL 34995             |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            | HUDSON, DENNIS S III        | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | U.S. #1 AND COLORADO AVENUE |                          |  |
| CITY-ST-ZIP                     | STUART FL 34995             |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            |                             | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                             |                          |  |
| CITY-ST-ZIP                     |                             |                          |  |
| DOCUMENT #                      | NAME                        | STREET ADDRESS           |  |
| NAME                            |                             | 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: DENNIS S HUDSON III General Partner 1/28/03 772-288-6086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0016797  
AT

CR2E003 (10/02)

STAPLE CHECK HERE