

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004690
AV

DOCUMENT # **A99000001574**

1. Entity Name
STANLEY J. NORTON LIMITED PARTNERSHIP

02 MAY 31 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O LAIRD A. LILE, P.A.
3033 RIVIERA DR., STE. 106
NAPLES FL 34103-2746**

Mailing Address
**C/O LAIRD A. LILE, P.A.
3033 RIVIERA DR., STE. 106
NAPLES FL 34103-2746**



2. Principal Place of Business
**Steel Hector & Davis LLP
Laird A. Lile, Esq.
Suite, Apt. #, etc.**

3. Mailing Address
**Steel Hector & Davis, LLP
Laird A. Lile, Esq.
Suite, Apt. #, etc.**

DUE BY MAY 1, 2002

3003 Tamiami Trail N., Ste. 300
City & State: **Naples, FL**

3003 Tamiami Trail N. Ste 300
City & State: **Naples, FL**

4. FEI Number: **65-0948147**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

34103 USA 34103 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LILE, LAIRD A ESQ.
LAIRD A. LILE, P.A.
3033 RIVIERA DR., STE. 106
NAPLES FL 34103-2746**

Name: **Laird A. Lile, Esq.**
Street Address (P.O. Box Number is Not Acceptable): **Steel Hector & Davis LLP**
City: **3003 Tamiami Trail N., Ste 300
Naples FL** Zip Code: **34103**

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.

9. Capital Contributions as Shown on record: **\$2,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
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 #	NORTON, JR., STANLEY J TRUSTEE 5 RIVER ROAD WEST NEWBURY MA 01985	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	NORTON, NOREEN M 5 RIVER ROAD WEST NEWBURY MA 01985	STREET ADDRESS	
NAME		CITY-ST-ZIP	200005695232-6
STREET ADDRESS			-06/06/02--01085--003
DOCUMENT #	NORTON, KIRSTEN E 5 RIVER ROAD WEST NEWBURY MA 01985	STREET ADDRESS	***526.25 ***526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	NORTON, JR., STANLEY J TRUSTEE 5 RIVER ROAD WEST NEWBURY MA 01985	STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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: **SIGNATURE REQUIRED Kirsten Norton** 5.14.02 978 363 8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)