

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B94000000141**  
1. Entity Name  
**SUTTON TOWN & COUNTRY ASSOCIATES, LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
1801 CLINTMOORE RD      1801 CLINTMOORE RD  
STE. 204      STE. 204  
BOCA RATON FL 33487      BOCA RATON FL 33487

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0479504**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**YUDELL, DAVID**  
**17290 CORAL COVE WAY**  
**BOCA RATON FL 33496**

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	F94000001942	STREET ADDRESS	17290CORALCOVEWAY
NAME	SUTTON TOWN & COUNTRY ASSOCIATES, LTD.,INC	CITY-ST-ZIP	BOCA RATON FL 33496
STREET ADDRESS	17290 CORAL COVE WAY		
CITY-ST-ZIP	BOCA RATON FL 33496		
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STREET ADDRESS			
CITY-ST-ZIP			

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 prepare this report as required by Chapter 620, Florida Statutes.

SIGNATURE:      2/20/06      561-998-6057

STAPLE CHECK HERE