


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED  
Mar 06, 2007 08:00 A  
Secretary of State**

<b>DOCUMENT # B94000000141</b>	
1. Entity Name <b>SUTTON TOWN &amp; COUNTRY ASSOCIATES, LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>1801 CLINTMOORE RD STE. 204 BOCA RATON FL 33487</b>	Mailing Address <b>1801 CLINTMOORE RD STE. 204 BOCA RATON FL 33487</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number <b>65-0479504</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>YUDELL, DAVID 17290 CORAL COVE WAY BOCA RATON FL 33496</b>

<b>7. Name and Address of New Registered Agent</b>		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F94000001942 SUTTON TOWN & COUNTRY ASSOCIATES, LTD., INC 17290 CORAL COVE WAY BOCA RATON FL 33496
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	U00000657458 03/14/07-80070-005 500.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **DAVID YUDELL** *[Signature]* **2/26/07** **86119986050**  
Signature and Title or Printed Name of Signing General Partner Day Daytime Phone #

STAPLE CHECK HERE