2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9800000679

1. Entity Name
SANDLER WEST PALM BEACH INVESTMENT LIMITED PARTN
ERSHIP



Principal Place of Business 448 VIKING DRIVE. SUITE 220 VIRGINIA REACH VA 23452

Mailing Address
448 VIKING DRIVE, SUITE 220
VIRGINIA REACH VA 23452

FILED

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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Principal Place of Business 3. Mailing Address						h		
3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number 54-1916190	Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		d Agent	
CORPORATION SERVICE COMPANY					Name			
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525								
	WELL HOOLE LE ORGOT FOR							
,					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 Signature, typed or printed name of registered agent and title if applicable.						DATE		
Capital Contributions as Shown on record. \$49,000.00 10. Amount of Capin FLORIDA to					outions	11. MAKE CHECK PAYABLE TO FL. 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					, 411 411 411	ADDRESS CHANGES C		
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NAME				. J				
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

60. PTR.

Daytime Phone #