


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A0000001199

1. Entity Name
SAPP INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business
C/O DORIS KANE
319 MARSHALL STREET
KENNETT SQUARE, PA 19348

Mailing Address
C/O MORRIS ENGELBERG, ESQ.
3230 STIRLING ROAD #1
HOLLYWOOD, FL 33021



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03142005 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
65-1027107

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS ESQ.
3230 STIRLING ROAD SUITE 1
HOLLYWOOD, FL 33021

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 Doris S. Kane DORIS S. KANE DATE

Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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
P00000072115	SAPP INVESTMENTS, INC.	3230 STIRLING ROAD SUITE 1	HOLLYWOOD, FL 33021

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP

U00000345534
04/30/05-80040-014 526.25

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: Doris S. Kane DORIS S. KANE 4/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE