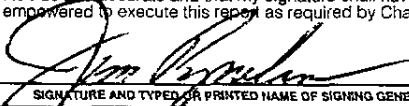


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A03000000012 1. Entity Name SARAH, LLLP					
Principal Place of Business 2032 HILLVIEW STREET SARASOTA, FL 34239			Mailing Address 2032 HILLVIEW STREET SARASOTA, FL 34239		
2. Principal Place of Business			3. Mailing Address		
State, Apt # and			State, Apt # and		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2089691	
5. Certificate of Status Desired ☒				Applied For ☐	
6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (F.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 understand with and accept the obligations of registered agent. SIGNATURE _____ DATE _____					
9. Capital Contributions as Shown on record \$250,000.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP			STREET ADDRESS CITY, ST, ZIP		
BALLIETT, JOHN W 2032 HILLVIEW STREET SARASOTA, FL 34239					
DOCUMENT # NAME STREET ADDRESS CITY, ST, ZIP			STREET ADDRESS CITY, ST, ZIP		
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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)(f), 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: 				1-23-04 941-364-9224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



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