

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A31445			
1. Entity Name SUN BAY VILLAGE LTD.			
Principal Place of Business % RALPH S. CARVER P.O. BOX 644 MILTON, FL 32570		Mailing Address % RALPH S. CARVER P.O. BOX 644 MILTON, FL 32570	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01072004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3062043

Applied For
Not Applicable

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	
CARVER, S. ELLEN 4284 HWY 90 PACE, FL 32571		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

9. Capital Contributions as Shown on record \$205,046.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #		STREET ADDRESS	
NAME	CARVER, S. ELLEN	CITY - ST - ZIP	
STREET ADDRESS	4284 HWY 90		
CITY - ST - ZIP	PACE, FL 32571		
DOCUMENT #		STREET ADDRESS	
NAME	CARVER, STANLEY A	CITY - ST - ZIP	
STREET ADDRESS	4284 HWY 90		
CITY - ST - ZIP	PACE, FL 32571		
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05/13/04-80016-010 535.00

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: S. Ellen Carver S. ELLEN CARVER 4-29-04