


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:11

DOCUMENT # A94000000064

1. Entity Name
 SFT, LTD.



Principal Place of Business
 3463 HARBOR DRIVE
 SPRING HILL, FL 34607

Mailing Address
 3463 HARBOR DRIVE
 SPRING HILL, FL 34607

2. Principal Place of Business
 911 WASHINGTON AVE
 Suite, Apt. #, etc.
 APT 219

3. Mailing Address
 911 WASHINGTON AVE
 Suite, Apt. #, etc.
 APT 219

City & State
 LARGO, FL

City & State
 LARGO FL

Zip
 33770

Country
 PINELLAS

Zip
 33770

Country
 PINELLAS



03222004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent
 SARCHET, WILLIAM
 3463 HARBOR DRIVE
 SPRING HILL, FL 34607

7. Name and Address of New Registered Agent
 Name: SARCHET, EFIGENIA
 Street Address (P.O. Box Number is Not Acceptable): 911 WASHINGTON AVE
 APT 219
 City: LARGO FL Zip Code: 33770

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: *Efigenia Sarchet* DATE: 4.9.04

9. Capital Contributions as Shown on record. \$8,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$8,000.00

144,175

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 #	SARCHET, WILLIAM	STREET ADDRESS	911 WASHINGTON AVE - APT 219
NAME	3463 HARBOR DRIVE	CITY-ST-ZIP	LARGO, FL 33770
STREET ADDRESS	SPRING HILL, FL 34607		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	900035828073
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Will Sarchet GP* DATE: 4/12/04 727-585-9540

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