


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000001451
 1. Entity Name
 SANDHURST LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
 845 TROPICAL CIRCLE 845 TROPICAL CIRCLE
 SARASOTA, FL 34242 SARASOTA, FL 34242

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01042005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent
 PETERSON, RENNO L
 1800 2ND STREET, SUITE 755
 SARASOTA, FL 34238

4. FEI Number Applied For
 65-0546886 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$2,103,461.00 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 #	LASCELLE, PHILIP M TRUSTEE	STREET ADDRESS	UD0000177879 01/12/05 00005 003 526.25
NAME	845 TROPICAL CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34242	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	LASCELLE, SHIRLEY M TRUSTEE	STREET ADDRESS	
NAME	845 TROPICAL CIRCLE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34242	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	LICHTENSTEIN, ALLAN M TRUSTEE	STREET ADDRESS	
NAME	2501 S. TAMiami TRAIL	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34239	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: *[Signature]* Date: 1/7/05 Daytime Phone #