


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000001451
 1. Entity Name
SANDHURST LIMITED PARTNERSHIP



Principal Place of Business
845 TROPICAL CIRCLE
SARASOTA, FL 34242

Mailing Address
845 TROPICAL CIRCLE
SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0546886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PETERSON, RENNO L
1800 2ND STREET, SUITE 755
SARASOTA, FL 34236

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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	LASCALLE, PHILIP M TRUSTEE 845 TROPICAL CIRCLE SARASOTA, FL 34242
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LASCALLE, SHIRLEY M TRUSTEE 845 TROPICAL CIRCLE SARASOTA, FL 34242
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LICHTENSTEIN, ALLAN M TRUSTEE 2501 S. TAMIAMI TRAIL SARASOTA, FL 34239
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/06-80033-013 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Philip M. Lascelle* 1/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #