2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED AND FILED

04 MAY 10 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000473

1. Entity Name
SUN-AM FAMILY PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
445 WEST OAK STREET KISSIMMEE, FL 34741	445 WEST OAK STREET KISSIMMEE, FL 34741

04192004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
311 WEST OAK STREET	311 WEST OAK STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number 59-3308866 — 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
KAKKAR, SUNIL M 445 WEST OAK STREET KISSIMMEE, FL 34741	Name KAKKAR, SUNIL M. Street Address (P.O. Box Number is Not Acceptable) 311 WEST OAK STREET City KISSIMMEE, FL FL Zip Code 34741

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 Sunil M. Kakkar 4/29/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	
$6,463,270.00	$6,463,270.00	$526.25

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 #	P95000017055	STREET ADDRESS	311 WEST OAK STREET
NAME	INSO MANAGEMENT, INC.		
STREET ADDRESS	445 WEST OAK STREET		
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	KISSIMMEE, FL 34741
DOCUMENT #		STREET ADDRESS	400037437014
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	06/01/04--01014--015 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME			
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)(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: Sunil M. Kakkar 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #