


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUL -9 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000237			
1. Entity Name SGI LIMITED PARTNERSHIP			
Principal Place of Business 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308		Mailing Address 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02032004		Chg-LP	CR2E003 (10/03)
4. FEI Number 59-3426224		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHIPPS VENTURES, INC. 3110 CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32308		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record: 12,156,931.79 <i>S.N. filed 4-15-04</i>		10. Amount of Capital Contributions in FLORIDA to date. 12,656,931.79	
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 #	P96000054527	STREET ADDRESS	
NAME	PHIPPS VENTURES, INC.	CITY-ST-ZIP	
STREET ADDRESS	3110 CAPITAL CIRCLE, N.E.		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
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STREET ADDRESS			
CITY-ST-ZIP			
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: <i>By: [Signature]</i>		Date: <i>4/15/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	

STAPLE CHECK HERE

