

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 MAY 25 PM 12:39

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

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3426224

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

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

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

DATE

9. Capital Contributions as Shown on record. \$500,000.00

10. Amount of Capital Contributions in FLORIDA to date. 13,156,931.79

526.25 due

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
 NAME PHIPPS VENTURES, INC.
 STREET ADDRESS 3110 CAPITAL CIRCLE, N.E.
 CITY-ST-ZIP TALLAHASSEE, FL 32308

STREET ADDRESS
 CITY-ST-ZIP
 700055320917
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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: By: David E. Wilder, General Partner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

#526.25