

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # B96000000009
1. Entity Name
FP BROGAN - SANIBEL ISLAND LIMITED PARTNERSHIP



Principal Place of Business: **2865 WILDERNESS PLACE BOULDER CO 80301**
Mailing Address: **2865 WILDERNESS PLACE BOULDER CO 80301**

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
City & State

City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

4. FEI Number **65-0622574**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BROGAN, SCOTT
4606 TRAILS DRIVE
SARASOTA FL 34232**

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. **\$4,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	BROGAN, SCOTT	STREET ADDRESS	
NAME	8466 N LOCKWOOD RIDGE ROAD #243	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA FL 34243		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: **3/1/04** Daytime Phone #: **941-380-4478**