

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112241

FILED
Apr 30, 2005
Secretary of State

Entity Name: SANDHILL PARTNERSHIP, INC.

Current Principal Place of Business:

11365 S.W. MEADOWLARK CIRCLE
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

11365 S.W. MEADOWLARK CIRCLE
STUART, FL 34997 US

New Mailing Address:

FEI Number: 75-3134368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICE, WILSON
Address: 11365 S.W. MEADOWLARK CIRCLE
City-St-Zip: STUART, FL 34997 US

Title: V () Delete
Name: ENGELBRECHT, KENNETH
Address: 166 S.W. THRASHER WAY
City-St-Zip: STUART, FL 34997 US

Title: T () Delete
Name: RICE, REBECCA
Address: 11365 S.W. MEADOWLARK CIRCLE
City-St-Zip: STUART, FL 34997 US

Title: S () Delete
Name: ENGELBRECHT, LEANNA
Address: 166 S.W. THRASHER WAY
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON RICE

P

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date