

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000443 1. Entity Name PALMETTO PROPERTIES LTD.					
Principal Place of Business 516 LAKEVIEW ROAD VILLA 8 CLEARWATER, FL 33756			Mailing Address 516 LAKEVIEW ROAD VILLA 8 CLEARWATER, FL 33756		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3197177	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SABIS, WILLIAM R 5715 NW 4TH PLACE GAINESVILLE, FL 32607				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. \$421,805.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY-ST-ZIP		
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NAME	STREET ADDRESS		CITY-ST-ZIP		
CITY-ST-ZIP			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: _____			William Sabis, General Partner		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE



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02/28/04 20039-013 535.00