


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A21509 1. Entity Name 1360 SARNO ROAD, LTD.					
Principal Place of Business 575 S. WICKHAM RD., STE. E WEST MELBOURNE, FL 32904			Mailing Address 575 S. WICKHAM RD., STE. E WEST MELBOURNE, FL 32904		
2. Principal Place of Business Suite, Apt #, etc City & State Zip Country			3. Mailing Address Suite, Apt #, etc City & State Zip Country		
			03052004 Chg-LP CR2E003 (10/03)		
			4. FEI Number 59-2619054		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CLARK, COY A. 575 S. WICKHAM RD., STE. E WEST MELBOURNE, FL 32904			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$364,000.00		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 #	LD1000000344		STREET ADDRESS		
NAME	1360 SARNO ROAD, L.C.		CITY- ST- ZIP		
STREET ADDRESS	575 S. WICKHAM RD., STE. E				
CITY- ST- ZIP	WEST MELBOURNE, FL 32904				
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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)(c), 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: <u>Coy A. Clark</u> <u>COY A CLARK</u>			4/14/04 321-723-9882		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE