

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

DOCUMENT # A97000002107					
1. Entity Name MELODY LANE PARTNERS, LTD.					
Principal Place of Business 350 MELODY LANE CASSELBERRY FL 32707			Mailing Address P.O. BOX 940877 MAITLAND FL 32794-0877		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-7106591	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHIEFERDECKER, HOWARD A 1605 KING ARTHUR CIRCLE MAITLAND FL 32751				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.		\$30,000.00		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 #	L28451			STREET ADDRESS	
NAME	SDP INVESTMENTS, INC.			CITY-ST-ZIP	
STREET ADDRESS	1605 KING ARTHUR CIRCLE				
CITY-ST-ZIP	MAITLAND FL 32751				
DOCUMENT #	L79712			STREET ADDRESS	
NAME	SOS REALTY CORP.			CITY-ST-ZIP	
STREET ADDRESS	1605 KING ARTHUR CIRCLE				
CITY-ST-ZIP	MAITLAND FL 32751				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
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: 				4/22/04 (407) 202-3131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

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TALLAHASSEE FLORIDA



MOORE CR2E003 (11/03) 4110

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