
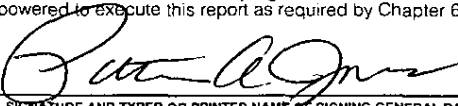


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A00000000673</b>					
<b>1. Entity Name</b> SAWGRASS GATEWAY CENTER, LTD.					
<b>Principal Place of Business</b> 300 SE 2ND STREET FORT LAUDERDALE FL 33301			<b>Mailing Address</b> 300 SE 2ND STREET FORT LAUDERDALE FL 33301		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1003469	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
JONES, PATRICIA 300 SE 2ND STREET FORT LAUDERDALE FL 33301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$4,550,137.72		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$5,064,138.32		<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> P00000039690 <b>NAME</b> SAWGRASS GATEWAY CENTER, INC. <b>STREET ADDRESS</b> 300 SE 2ND STREET <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33301			<b>STREET ADDRESS</b> 700036272817 <b>CITY-ST-ZIP</b> 05/13/04--01066--001 **526.25		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>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</b>					
<b>SIGNATURE:</b>  Patricia Jones <span style="float: right;">4-22-04 954-627-9350</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

**FILED**  
04 MAY 13 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

STAPLE CHECK HERE

