

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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01132004 Chg-LP CR2E003 (10/03)

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DOCUMENT # A00000000732					
1. Entity Name D.B.S., LTD., LLLP					
Principal Place of Business 1515 RINGLING BLVD SUITE 890 C/O GEIMER SARASOTA, FL 34236			Mailing Address 1515 RINGLING BLVD SUITE 890 C/O GEIMER SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1018378	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIMER, LARRY 1515 RINGLING BLVD SUITE 890 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name HENDRICKSON, ROBERT W. III Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVENUE WEST City BRADENTON FL Zip Code 34205		
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 1/20/04					
9. Capital Contributions as Shown on record. \$30.00			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 #	P94000088660		STREET ADDRESS		
NAME	SUNNYLEA CORPORATION		CITY-ST-ZIP	400031851434	
STREET ADDRESS	1515 RINGLING BLVD SUITE 890			04/05/04--01006--007 **150.00	
CITY-ST-ZIP	SARASOTA, FL 34236		STREET ADDRESS		
			CITY-ST-ZIP		
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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: 			Date 1/20/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE