
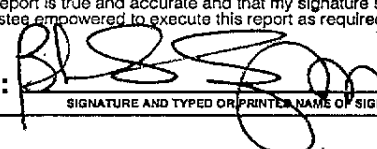


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001030 1. Entity Name PDB SHERMAN PROPERTIES, LTD.					
Principal Place of Business 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803			Mailing Address 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803		
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 59-3654455	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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. \$6,716,206.00		10. Amount of Capital Contributions in FLORIDA to date. \$6,716,206.00			
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 CITY - ST - ZIP	L00000007512 PDB SHERMAN, LLC 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803		STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	L000000095252 03/24/04-80018-024 526.25	
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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: 		BARBARA SHERMAN SIMPSON, TRUSTEE, MANAGER			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		3-10-04 910-692-3875 <small>Daytime Phone #</small>			



02162004 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE