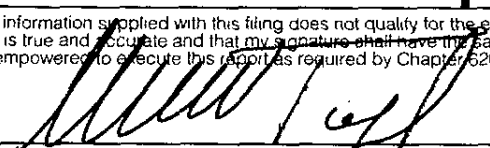


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001362					
1. Entity Name SAGAMORE INVESTOR, LTD.					
Principal Place of Business 1177 KANE CONCOURSE, SUITE #201 MIAMI BEACH FL 33154			Mailing Address 1177 KANE CONCOURSE, SUITE #201 MIAMI BEACH FL 33154		
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 NO-T APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAPLIN, MARTIN W 1177 KANE CONCOURSE, SUITE #201 MIAMI BEACH FL 33154				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 _____ Signature, typed or printed name of registered agent and title if applicable					
DATE _____					
9. Capital Contributions as Shown on record		\$4,250,000.00		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 #	L00000010657		STREET ADDRESS		
NAME	SAGAMORE INVESTOR, LLC		CITY- ST- ZIP		
STREET ADDRESS	1177 KANE CONCOURSE, SUITE #201				
CITY- ST- ZIP	MIAMI BEACH FL 33154				
DOCUMENT #			STREET ADDRESS	U000000153235	
NAME			CITY- ST- ZIP	05/10/04-80021-017 526.25	
STREET ADDRESS					
CITY- ST- ZIP					
DOCUMENT #			STREET ADDRESS		
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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: 			4/29/04 305 865 5760		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE