2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Apr 18, 2005 08:00 AM Secretary of State

miami Beach,	ONCOURSE, SUITE #201	Mailing Address 1177 KANE CONCOL	<del> </del>	DOCUMENT # A0000001362  1. Entity Name SAGAMORE INVESTOR, LTD.				
1177 KANE CO MIAMI BEACH, 2. Principal Pla	ONCOURSE, SUITE #201	<del>-</del>			1			
		MIAMI BEACH, FL 3		<b>#20</b> 1		#111 Bartt MP411 <b>1</b> 6114 <b>E</b> 911	it aqılı gətdi kaga ililə s	
Suite, Apt. #	Principal Place of Business     3. Mailing Address							
	, etc.	Suite, Apt. #, etc.			01052005	Chg-LP	CR2E003 (10	
City & State		City & State			4. FEI Number NOT APP	PLICABLE		Applied For Not Applicab
Zip	Country	Zip	Countr	ry 		f Status Desired	Fee Re	Additional quired
	6. Name and Address of Currer	it Hegistered Agent		Name	7. Name and A	ddress of New R	egistered Agent	
	ARTIN W : CONCOURSE, SUITE #20 CH, FL 33154	1	-		P.O. Box Number	is Not Acceptable	)}	
			-	City		<del></del>	FL Zip	Code
the obligation	named entity submits this statement ans of registered agent. Signature typed of primed name of registered age	·	ris registered	d office or register	red agent, or both	, in the State of Pic	DATE	with, and acce
9. Capital Con as Shown o	tributions - \$4,250,000.00	10. Amount of Ca in FLORIDA to	o date.					
	A GENERAL PARTNER NOTE: General Partners M	AY NOT be changed or	ENTITY MU n the form;	JST BE REGIST an amendmen	TERED AND AC nt must be filed	to change a ge	eneral partner.	
12. GENERAL PARTNER INFORMATION				·		ADDRESS CHA	ANGES ONLY	
NAME				T ADDRESS	<del></del>	<del></del>		
	T-ZIP MIAMI BEACH, FL 33154			\$T-2iP		<del></del>	<del></del>	<u> </u>
NAME STREET ADDRESS			STREET CITY-S	I ADDRESS			<u></u>	
CITY-ST-ZIP  DOCUMENT #				T ADDRESS		<u>U0000</u> na 219 205.	<del>)313444</del> -80125-010	בסב הת
NAME STREET ADDRESS CITY-ST-ZIP			CITY-S	ST 7IP	· · · · · · · · · · · · · · · · · · ·	047 107 00	DOIES OID	333.00
DOCUMENT #			STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CiTY+S	ST-ZIP				
DOCUMENT # NAME		-	STREET	T ADDRESS				
STREET ADDRESS  CITY+ST-ZIP			CITY-S	ST-ZIP		<u>.</u>		
NAME STREET ADDRESS		· · · · · · -		T ADDRESS				,
CITY-ST-ZIP	ortify that the information supplied w	th this filing does not qualify	CITY-S	_	ection 119.07(3)(i)	Florida Statutes	further certify that	the information
indicated of the receive	ortify that the information supplied with this report is true and accurate and or trustee empowered to execute to a contrast or trustee empowered to execute to a contrast or trustee.	d that my signature shall ha highepor as required by Ch	ave the same of th	lega/effect as if n lorida statutes	nade under oath, t	hat I am a Genera		
SIGNATI	SIGNATURE AND TYPED	W. TAPLI	NEHAL POTHER	$\ell$	7/3	5/05 Date	305-865 Daviline Pric	