
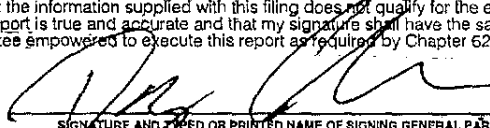


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001617					
1. Entity Name SAPP FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 21802 CONTADO ROAD BOCA RATON, FL 33433		Mailing Address 21802 CONTADO ROAD BOCA RATON, FL 33433			
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 65-1050032	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLIER, DOUGLAS J 800 FAIRWAY DRIVE, SUITE 370 LINCOLN FINANCIAL ADVISORS DEERFIELD BEACH, FL 33441-1831				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		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 #	P00000100785	STREET ADDRESS			
NAME	SAPP FAMILY CORP.	CITY-ST-ZIP			
STREET ADDRESS	21802 CONTADO ROAD				
CITY-ST-ZIP	BOCA RATON, FL 33433				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
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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: 		2/8/05		954-429-0090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE