


# 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

**DUE BY MAY 1, 2004**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000128</b>			
1. Entity Name <b>SAWYER VINEYARDS, LTD.</b>			
Principal Place of Business <b>8160 BAYMEADOWS WAY WEST SUITE 102 JACKSONVILLE FL 32256</b>		Mailing Address <b>P.O. BOX 550658 JACKSONVILLE FL 32255</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  <b>SAWYER, J. CHARLES 8160 BAYMEADOWS WAY WEST SUITE 102 JACKSONVILLE FL 32256</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record <b>\$20,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>- 0 -</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	P01000005589 SAWYER PROPERTY MANAGEMENT, INC. 8160 BAYMEADOWS WAY WEST JACKSONVILLE FL 32256	STREET ADDRESS CITY - ST - ZIP	<b>U000000111278</b> <b>04/13/04-80011-008 141.25</b>
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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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/26/04** **904 - 739-7393**

STAPLE CHECK HERE