


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A0100000450

1. Entity Name
PULSIFER ENTERPRISES, LTD.



Principal Place of Business
**1795 LINCOLN PARK CIRCLE
 SARASOTA, FL 34236**

Mailing Address
**P.O. BOX 5397
 SARASOTA, FL 34277**

2. Principal Place of Business
 Suite, Apt # etc

3. Mailing Address
 Suite, Apt #, etc

City & State

Zip Country



02132004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1092044

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COLBY, FREDERICK J
 1795 LINCOLN PARK CIRCLE
 SARASOTA, FL 34236**

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 _____
Signature, typed or printed name of registered agent, and title if applicable

9. Capital Contributions as Shown on record **\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **20,000,000.00**

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 #		STREET ADDRESS	
NAME	COLBY, FREDERICK J	CITY-ST-ZIP	
STREET ADDRESS	1795 LINCOLN PARK CIRCLE		
CITY-ST-ZIP	SARASOTA, FL 34236		
DOCUMENT #		STREET ADDRESS	
NAME	COLBY, BENJAMIN N	CITY-ST-ZIP	
STREET ADDRESS	425 CANTON AVENUE		
CITY-ST-ZIP	MILTON, MA 02186		
DOCUMENT #		STREET ADDRESS	
NAME	COLBY PIERCE, SARAH R	CITY-ST-ZIP	
STREET ADDRESS	100 SHORE DRIVE		
CITY-ST-ZIP	PORTCHESTER, NY 10573		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 05/10/04-80036-004 526.25

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: *Benjamin N. Colby* **4/29/04** **949-376-1496**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Benjamin N. Colby

STAPLE CHECK HERE