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

Apr 29, 2004 08:00 AM Secretary of State **DOCUMENT # A01000000559** 1. Entity Name WRIGHT INVESTMENTS OF SARASOTA, LTD. Principal Place of Business Mailing Address % LINDA ROBBINS 16 DAWN LANE RIDGEFIELD CT 06877 654 BIRD BAY DRIVE EAST, #106 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) 4. FEI Number City & State City & State Applied For 65-1104936 Not Applicable Ζιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARNELL, ROBERT W 1820 RINGLING BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 City 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 this if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$1,050,000,00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME WRIGHT, WILLIAM L STREET ADDRESS 654 BIRD BAY DRIVE EAST, #106 CETY - ST - ZIP CITY-ST-ZIP VENICE FL 34292 U00000157793 05/06/04-80043-001 526.25 DOCUMENT # STREET ADDRESS NAME WRIGHT, WILLIAM L JR. STREET ADDRESS 222 BURNS HILL ROAD CITY-ST-ZIP WILTON NH 03086 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME ROBBINS, LINDA STREET ADDRESS 16 DAWN LANE CITY-ST-7IP CITY-ST-ZIP RIDGEFIELD CT 06877 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

SIGNATURE: Alude W. Rolber Linda W. Robbins 4-25-04
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Desture Proce #

CHECK

STAPLE