


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 31 AM 9:59

DOCUMENT # A0100000809

1. Entity Name
 SITIOS HOLDINGS LLLP



Principal Place of Business
 140 CHIPPEWA AVENUE
 TAMPA, FL 33606

Mailing Address
 140 CHIPPEWA AVENUE
 TAMPA, FL 33606

2. Principal Place of Business
 503 Suwanee Circle
 Suite, Apt. #, etc.


3. Mailing Address
 503 Suwanee Circle
 Suite, Apt. #, etc.

City & State
 Tampa, FL

City & State
 Tampa, FL

Zip
 33606

Country
 USA



02082004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3724819

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DARRELL
 140 CHIPPEWA AVENUE
 TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name Darrell Williams

Street Address (P.O. Box Number is Not Acceptable)
503 Suwanee Circle

City Tampa FL Zip Code 33606

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 Darrell Williams DATE _____

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

9. Capital Contributions as Shown on record. **\$345,000.00**

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

DOCUMENT #	P01000051993
NAME	WMS INVESTMENTS, INC.
STREET ADDRESS	140 CHIPPEWA AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	503 Suwanee Circle
CITY-ST-ZIP	Tampa, FL 33606
STREET ADDRESS	700032836977
CITY-ST-ZIP	04/15/04--01019--005 **88.75
STREET ADDRESS	700032836977
CITY-ST-ZIP	04/15/04--01019--006 **437.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: Darrell Williams DATE: 2/27/04

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