

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


04 JUN 25 AM 9:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Handwritten initials

DOCUMENT # A01000001136

1. Entity Name
SD FINANCIAL AND REAL ESTATE VENTURES LIMITED PARTNERSHIP



Principal Place of Business: **7390 SARIMENTO PLACE DELRAY BEACH, FL 33446**

Mailing Address: **7390 SARIMENTO PLACE DELRAY BEACH, FL 33446**

2. Principal Place of Business: **10 Wincove Lane**

3. Mailing Address: **10 Wincove Lane**

Suite, Apt. #, etc.



02132004 Chg-LP CR2E003 (10/03) *6/25*

City & State: **Rockledge, FL**

4. FEI Number: **65-1134747**

Applied for: Not Applicable

Zip: **32955** Country: **U.S.**

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

6. Name and Address of Current Registered Agent

SD FINANCIAL AND REAL ESTATE VENTURES, LLC
7390 SARIMENTO PLACE
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name: **SD Financial and Real Estate Ventures, LLC**

Street Address (P.O. Box Number is Not Acceptable): **10 Wincove Lane**

City: **Rockledge** State: **FL** Zip: **32955**

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: *Sandra A. Manager* DATE: *4/29/04*

9. Capital Contributions as Shown on record: **\$4,307,500.00**

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 # **L01000014443**

NAME **SD FINANCIAL AND REAL ESTATE VENTURES, LLC**

STREET ADDRESS **7390 SARIMENTO PLACE**

CITY-ST-ZIP **DELRAY BEACH, FL 33446**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **10 Wincove Lane**

CITY-ST-ZIP **Rockledge, FL 32955**

DOCUMENT #

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP **300038738713**

07/06/04--01029--014 **526.25

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

15. 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: *Sandra A.* DATE: *4/29/04*

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

STAPLE CHECK HERE