

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2004**

**FILED**

04 JUN 25 AM 9:31

STATE  
TALLAHASSEE FLORIDA

**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.

Suite, Apt. #, etc.

City & State  
**Rockledge, FL**

City & State  
**Rockledge, FL**

Zip  
**32955**

Country  
**U.S.**

Zip  
**32955**

Country  
**U.S.**

02132004

Chg-LP

CR2E003 (10/03)

6/25



4. FEI Number  
**65-1134747**

Applied for  
Not Applicable

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** **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*

Manager

4/29/04

DATE

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**

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STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS **10 Wincove Lane**  
CITY-ST-ZIP **Rockledge, FL 32955**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**300038738713**  
**07/06/04--01029--014 \*\*526.25**

13. 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.*

4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE