


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 31 AM 9:59

DOCUMENT # A01000001455		
1. Entity Name SHERRILL HOLDINGS LLLP		
Principal Place of Business 503 SUWANNE CIRCLE TAMPA, FL 33606		Mailing Address 503 SUWANNE CIRCLE TAMPA, FL 33606
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



02082004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3751991	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VANCE, CAROL A. ESQ. 411 55TH AVENUE ST PETE BEACH, FL 33706	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
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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

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

DATE

9. Capital Contributions as Shown on record. \$102,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000051993	STREET ADDRESS	503 Suwanee Circle
NAME	WMS INVESTMENTS, INC.	CITY-ST-ZP	Tampa, FL 33606
STREET ADDRESS	140 CHIPPEWA AVENUE	STREET ADDRESS	000032836520
CITY-ST-ZP	TAMPA, FL 33606	CITY-ST-ZP	04/15/04-01018-025 **\$26.25
DOCUMENT #		STREET ADDRESS	000032836520
NAME		CITY-ST-ZP	04/15/04-01018-027 **\$8.75
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZP		CITY-ST-ZP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZP		CITY-ST-ZP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZP		CITY-ST-ZP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/04

Date

Daytime Phone #

STAPLE CHECK HERE