


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001677			
1. Entity Name FDS INVESTMENTS, LTD.			
Principal Place of Business 1819 MAIN STREET, SUITE 230 C/O WACHOVIA BANK NATIONAL ASSOC. SARASOTA, FL 34236		Mailing Address 1819 MAIN STREET, SUITE 230 C/O WACHOVIA BANK NATIONAL ASSOC. SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
		04212004 Chg-LP CR2E003 (10/03)	
		4. FEI Number 03-0423148	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SILBERSTEIN, DAVID M ESQ. 720 SOUTH ORANGE AVE. SARASOTA, FL 34236		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$4,000,000.00		10. Amount of Capital Contributions in FLORIDA to date 2,348,292.54	
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 # NAME STREET ADDRESS CITY- ST- ZIP	L01000022399 FDS INVESTMENTS, LLC 1819 MAIN STREET, SUITE 230 SARASOTA, FL 34236	STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	U000000139970 04/29/04-80142-016 526.25
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	
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: By <u>WACHOVIA BANK, N.A.</u> Wendy L. Cudzilo, Trust Advisor		4/20/04 941-361-5810 Date Daytime Phone #	

STAPLE CHECK HERE