

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 19 PM 2:12

DOCUMENT # A02000000778

1. Entity Name
 CC INVESTORS OF SARASOTA, LTD.



Principal Place of Business
 C/O JOHN A. MORAN, ESQ.
 22 SOUTH LINKS AVE., SUITE 300
 SARASOTA, FL 34236

Mailing Address
 C/O JOHN A. MORAN, ESQ.
 22 SOUTH LINKS AVE., SUITE 300 -
 SARASOTA, FL 34236



2. Principal Place of Business

3. Mailing Address

P.O. Box 3948

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o John A. Moran, Esq.

02182004

Chg-LP

CR2E003 (10/03)

City & State

City & State

Sarasota, FL

4. FEI Number

33-1009146

Applied For

Not Applicable

Zip

Country

Zip

34230

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, JOHN A ESQ.
 22 SOUTH LINKS AVE., SUITE 300
 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

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

DATE

9. Capital Contributions as Shown on record.

\$2,450,000.00

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 # L02000013466
 NAME DM OF SRQ, L.L.C.
 STREET ADDRESS 22 SOUTH LINKS AVE., SUITE 300
 CITY-ST-ZIP SARASOTA, FL 34236

STREET ADDRESS P.O. Box 3948, c/o John A. Moran, Esq.
 CITY-ST-ZIP Sarasota, FL 34230-3948

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-15-04

941-366-0115