


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 19, 2004 08:00 AM
Secretary of State

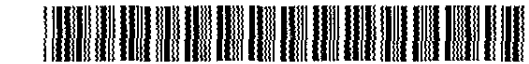
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|--|---|
| DOCUMENT # A02000000866 |  |
| 1. Entity Name SUTTON FAMILY INVESTMENTS LIMITED PARTNERSHIP, LLLP | |

| | |
|---|---|
| Principal Place of Business 3314 W. MULLEN AVENUE TAMPA, FL 33609 | Mailing Address 3314 W. MULLEN AVENUE TAMPA, FL 33609 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



07062004 Chg-LP CR2E003 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 58-2142178 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

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|---|
| ANNIS, MICHAEL D 3314 W. MULLEN AVENUE TAMPA, FL 33609 |
|---|

7. Name and Address of New Registered Agent

| |
|--|
| 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 _____
Signature, typed or printed name of registered agent and title if applicable

| | |
|--|---|
| 9. Capital Contributions as Shown on record. \$100.00 | 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 # | | STREET ADDRESS | |
| NAME | ANNIS, MICHAEL D | CITY-ST-ZIP | 1000000167540 |
| STREET ADDRESS | 3314 W. MULLEN AVENUE | | 07/20/04-80009-007 541 25 |
| CITY-ST-ZIP | TAMPA, FL 33609 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

STAPLE CHECK HERE

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: <i>[Signature]</i> | 7/12/2004 | 813- |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Date</small> | <small>Daytime Phone #</small> |