




**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000866</b> 1. Entity Name <b>SUTTON FAMILY INVESTMENTS LIMITED PARTNERSHIP, LLLP</b>					
Principal Place of Business <b>3314 W. MULLEN AVENUE</b> <b>TAMPA, FL 33609</b>		Mailing Address <b>3314 W. MULLEN AVENUE</b> <b>TAMPA, FL 33609</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052005    Chg-LP    CR2E003 (10/03)	
Zip      Country		Zip      Country		4. FEI Number <b>58-2142178</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ANNIS, MICHAEL D</b> <b>3314 W. MULLEN AVENUE</b> <b>TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, <b>\$100.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ANNIS, MICHAEL D</b> <b>3314 W. MULLEN AVENUE</b> <b>TAMPA, FL 33609</b>		STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>1100000220760</b>  <b>02/16/05-80002-010 141.25</b> </div>	
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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.					
<b>SIGNATURE:</b> 			Date: <b>1/14/05</b> Daytime Phone #: <b>813 225-4182</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE