


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A0200000929

1. Entity Name
LAWRENCE INVESTORS LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
C/O SDA ENTERPRISES, INC. **P.O. BOX 1087**
777 SOUTH FLAGLER DR., EAST TOWER, 10TH FL **PALM BEACH, FL 33480**
WEST PALM BEACH, FL 33401



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07272004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
37-1435130 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. \$5,150,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$ 0

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 #	L02000015775	STREET ADDRESS	
NAME	LAWRENCE MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	777 SOUTH FLAGLER DR., EAST TOWER, 10TH FL		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		U00000172299
DOCUMENT #		STREET ADDRESS	09/17/04-80002-006 141.25
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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: _____ **212-696-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #