


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A0200001459</b>		
1. Entity Name <b>SHARPE INVESTMENT LIMITED PARTNERSHIP</b>		

Principal Place of Business <b>ATTN: CRAIG A. MUNDY, ESQ. 4927 SOUTHFORK DRIVE LAKELAND FL 33813</b>	Mailing Address <b>ATTN: CRAIG A. MUNDY, ESQ. 4927 SOUTHFORK DRIVE LAKELAND FL 33813</b>
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
04 APR 27 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



MOORE CR2E003 (11/03) **4/27**

4. FEI Number <b>04-3728080</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MUNDY, CRAIG A ESQ 4927 SOUTHFORK DRIVE LAKELAND FL 33813</b>		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. <b># 2,750,800</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>2,750,000</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
---	--	--

**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 # <b>P02000049974</b>	NAME <b>SHARPE FAMILY ENTERPRISES, INC.</b>	STREET ADDRESS <b>4927 Southfork Drive</b>	
STREET ADDRESS <b>4927 SOUTHFORD DRIVE</b>	CITY-ST-ZIP <b>LAKELAND FL 33813</b>	CITY-ST-ZIP <b>Lakeland, Florida 33813</b>	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

**700036197597**  
05/12/04-01044-015 \*\*526.25

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:** Mary W Sharpe **April 20, 04** **863-428-1374**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #