

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
 04 JUL -9 AM 11:46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A03000000126 1. Entity Name ANCHOR SOUTHERN REALTY LTD.					
Principal Place of Business 2107 EAST COLLEGE AVE (RT 674) RUSKIN, FL 33570			Mailing Address 2107 EAST COLLEGE AVE (RT 674) RUSKIN, FL 33570		
2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 7</i>		3. Mailing Address Suite, Apt. #, etc. <i>Suite 7</i>			
City & State		City & State		4. FEI Number <i>830 356 364</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRETT, LEO J 20 SYLVIA PL OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2107 E College Ave Suite 7</i> City <i>RUSKIN</i> FL <i>33570</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	BARRETT, LEO J 20 SYLVIA PL OLDSMAR, FL 34677		STREET ADDRESS CITY-ST-ZIP	<i>2107 E College Ave Suite 7</i> <i>Ruskin FL 33570-5222</i>	
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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: <i>Leo J Barrett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <i>7-6-04</i> Daytime Phone # <i>813-645-4144</i>		

STAPLE CHECK HERE