2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A03000000127

1. Entity Name
SUN CITY CENTER AGENTS REALTY LTD

FILED
04 JUL -7 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2107 EAST COLLEGE AVE (RT 674) RUSKIN, FL 33570	2107 EAST COLLEGE AVE (RT 674) RUSKIN, FL 33570

07012004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 7	Suite, Apt. #, etc. Suite 7
City & State	City & State
Zip / Country USA	Zip / Country USA

4. FEI Number 830356359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARRETT, LEO J 20 SYLVIA PL OLDSMAR, FL 34677	Name Street Address (P.O. Box Number is Not Acceptable) 2107 E. College Ave Suite 7 City RUSKIN FL Zip Code 33570

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.	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.
$1,000.00	1,000.	✓

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	2044 PRESTANCIA LANE
NAME	BARRETT, LEO J	CITY-ST-ZIP	SUN CITY CENTER FL 33573
STREET ADDRESS	20 SYLVIA PL		
CITY-ST-ZIP	OLDSMAR, FL 34677		
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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: Leo Joseph Barrett 7-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #