


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 30 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000000390</b> 1. Entity Name <b>OSPREY POINT SEBRING LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>247 NORTH WESTMONTE DRIVE</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>247 NORTH WESTMONTE DRIVE</b> <b>ALTAMONTE SPRINGS, FL 32714</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> <b>COSTOLO, W. TERRY ESQUIRE</b> <b>301 EAST PINE STREET, SUITE 1400</b> <b>ORLANDO, FL 32801</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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>\$999.90</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	L03000008929	STREET ADDRESS	
NAME	PICERNE OSPREY POINT, LLC	CITY-ST-ZIP	900036274043 05/13/04--01068--010 **141.25
STREET ADDRESS	247 NORTH WESTMONTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/04

Date

Daytime Phone #

STAPLE CHECK HERE