

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 22 PM 2:37

<b>DOCUMENT # A030G0000526</b> 1. Entity Name <b>THE SUMNER INVESTMENTS LIMITED PARTNERSHIP</b>			
Principal Place of Business 9721 SUNRISE LAKES BLVD. BLDG 135 UNIT 105 FT. LAUDERDALE, FL 33316		Mailing Address 9721 SUNRISE LAKES BLVD. BLDG 135 UNIT 105 FT. LAUDERDALE, FL 33316	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Sunrise FL 33322</i>		City & State <i>Sunrise FL</i>	
Zip <i>33322</i>		Zip <i>33322</i>	
Country		Country	
4. FEI Number <b>56-2340951</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>WACHS, JEFFREY S ESQ.</b> <b>1177 S.E. THIRD AVE.</b> <b>FT. LAUDERDALE, FL 33316</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record, <b>\$5,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
SUMNER, SHIRLEY L 9721 SUNRISE LAKES BLVD. FT. LAUDERDALE, FL 33316		9721 Sunrise Lakes Blvd #105 Sunrise FL 33322	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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>Shirley Sumner</i>		3/16/04 <span style="float: right;">954-741-1266</span>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date <span style="float: right;">Daytime Phone #</span>	

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