


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

DOCUMENT # A03000000886						<div style="text-align: center;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 APR -5 AM 10:42</div> <div style="text-align: center;"> MOORE CR2E003 (11/03)</div>	
1. Entity Name METROPOLITAN SARASOTA, LTD.							
Principal Place of Business 200 EAST LAS OLAS BOULEVARD SUITE 1660 FORT LAUDERDALE FL 33301 US		Mailing Address 200 EAST LAS OLAS BOULEVARD SUITE 1660 FORT LAUDERDALE FL 33301 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-0071157		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BISCHOFF, DOUGLAS K 200 EAST LAS OLAS BOULEVARD SUITE 1660 FORT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name FRANCESCA RHODIS, ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 E. Las Olas Blvd. #1660 City Ft. Lauderdale FL Zip Code 33301			
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 <i>F. Rhodis</i> DATE 3/16/04 <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	L02000032753			STREET ADDRESS			
NAME	MC LLC			CITY-ST-ZIP			
STREET ADDRESS	200 EAST LAS OLAS BOULEVARD, SUITE 1660						
CITY-ST-ZIP	FORT LAUDERDALE FL 33301						
DOCUMENT #				STREET ADDRESS	300032958283		
NAME				CITY-ST-ZIP	04/15/04--01033--011 **141.25		
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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>Beland D. [Signature]</i>				Date _____ Daytime Phone # _____			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE