


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

**FILED**

04 MAY -3 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

<b>DOCUMENT # A03000001339</b> 1. Entity Name <b>S &amp; L REAL ESTATE INVESTMENTS, LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>8000 N. UNIVERSITY DR.          FORT LAUDERDALE, FL 33321</b>	Mailing Address <b>8000 N. UNIVERSITY DR.          FORT LAUDERDALE, FL 33321</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



02092004 Chg-LP CR2E003 (10/03) **513**

4. FEI Number <b>56-2394915</b>	Applied For 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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6. Name and Address of Current Registered Agent  <b>SCUTILLO, BARRY C          8000 N. UNIVERSITY DR.          FORT LAUDERDALE, FL 33321</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div align="right"> <b>FL</b> Zip Code         </div>
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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 _____
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9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>100,000 -</b>
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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 #	P03000041235	STREET ADDRESS	
NAME	SCUTILLO & LENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	8000 N. UNIVERSITY DR.		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		
DOCUMENT #		STREET ADDRESS	05/04/04--01042--025 **526.25
NAME		CITY-ST-ZIP	300035414293
STREET ADDRESS			05/04/04--01042--025 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

<b>SIGNATURE</b> <i>Barry C. Scuttillo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<b>4/29/04</b> Date	Daytime Phone #
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