


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

STATE  
 DIVISION  
 06 FEB 14 AM 8:40

<b>DOCUMENT # A05000000111</b> 1. Entity Name SG SARASOTA, LTD.	
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Principal Place of Business 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	Mailing Address 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789
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2. Principal Place of Business 650 S. NORTH LAKE BLVD Suite, Apt. #, etc. SUITE 450 City & State ALTAMONTE SPRINGS FL Zip 32701 Country USA	3. Mailing Address 650 S. NORTH LAKE BLVD Suite, Apt. #, etc. SUITE 450 City & State ALTAMONTE SPRINGS, FL Zip 32701 Country USA
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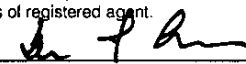
01132006 Chg-LP CR2E003 (11/05)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LECESSE DEVELOPMENT CORPORATION 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. NORTH LAKE BLVD SUITE 450 City ALTAMONTE SPRINGS FL Zip Code 32701
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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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	P05000003922	STREET ADDRESS	650 S. NORTH LAKE BLVD, # 450
NAME	SG SARASOTA, INC.	CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701
STREET ADDRESS	2221 LEE ROAD, SUITE 28		
CITY - ST - ZIP	WINTER PARK, FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

800066807248  
 02/28/06--01025--003 \*\*508.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE