


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000000111 1. Entity Name SG SARASOTA, LTD.	
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FILED
 07 FEB 21 AM 9:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 650 S NORTH LAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32704	Mailing Address 650 S NORTH LAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32704
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01162007 Chg-LP CR2E003 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number APPLIED FOR	Applied For 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 650 S NORTH LAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	
NAME	SG SARASOTA, INC.	CITY-ST-ZIP	
STREET ADDRESS	650 S NORTH LAKE BLVD #450		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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 02/22/07--01042--014 **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: Salvador F Leccese 1-16-07 407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE