

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 14 AM 8:40

DOCUMENT # A05000000121 1. Entity Name SARASOTA GRAMERCY LIMITED PARTNERSHIP					
Principal Place of Business 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789			Mailing Address 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789		
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			
4. FEI Number 01132006 Chg-LP CR2E003 (11/05)				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LEVESSE DEVELOPMENT CORPORATION 2221 LEE ROAD, SUITE 28 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name LEVESSE DEVELOPMENT CORP. Street Address (P.O. Box Number is Not Acceptable) 650 S. NORTH LAKE BLVD. SUITE 450 City ALTAMONTE SPRINGS FL Zip Code 32701		
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>					
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 #	A05000000111		STREET ADDRESS	650 S. NORTH LAKE BLVD, #450	
NAME	SG SARASOTA, LTD.		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					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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 # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE