

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 10 PM 4:55

DOCUMENT # A05000000121	
1. Entity Name SARASOTA GRAMERCY LIMITED PARTNERSHIP	



Principal Place of Business 650 S NORTH LAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701	Mailing Address 650 S NORTH LAKE BLVD SUITE 450 ALTAMONTE SPRINGS, FL 32701
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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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02192008 Chg-LP CR2E003 (12/06)

City & State	City & State
Zip	Country

4. FEI Number APPLIED FOR	Applied For Not Applicable
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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 FL327-01	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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 <i>[Signature]</i> DATE <i>2/20/08</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	
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FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A05000000111 SG SARASOTA, LTD. 650 S NORTH LAKE BLVD #450 ALTAMONTE SPRINGS, FL 32701	STREET ADDRESS CITY-ST-ZIP	700120876837 03/21/08--01006--007 **508.75
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STAPLE CHECK HERE

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: <i>[Signature]</i> DATE <i>2/20/08</i> DAYTIME PHONE # <i>407 645-5575</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	
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