


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 23 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A05000000308</b>	
1. Entity Name SANDY PARK PARTNERS, LTD.	

Principal Place of Business 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01252007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
JENKINS, PATRICIA S 444 SEABREEZE BLVD., SUITE 600 DAYTONA BEACH, FL 32118	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

**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 #	L01000014524	STREET ADDRESS	
NAME	ROLF H. GARDEY, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 600		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		
DOCUMENT #		STREET ADDRESS	800101352778
NAME		CITY-ST-ZIP	05/03/07-01017-020 **500.00
STREET ADDRESS			
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE