




2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A06010 1. Entity Name SUGAR HILL, LTD.					
Principal Place of Business 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756			Mailing Address 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01142004 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 59-1906855				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 THOMAS F. FLYNN 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$135,100.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P99000079745		STREET ADDRESS		
NAME	SUGAR HILL ONE, INC. ✓		CITY-ST-ZIP		
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8		CITY-ST-ZIP		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
DOCUMENT #	F00000003282		STREET ADDRESS		
NAME	BOSTON CAPITAL PARTNERS, INC. ✓		CITY-ST-ZIP		
STREET ADDRESS	ONE BOSTON PLACE		CITY-ST-ZIP		
CITY-ST-ZIP	BOSTON, MA		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Kevin T. Flynn			As Vice-President of Corporate General Partner		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			1/16/04 727-449-1182 <small>Daytime Phone #</small>		

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