


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 24 PM 2:36

DOCUMENT # A06159		
1. Entity Name SUGAR PLUM PROPERTIES ASSOCIATES, LTD.		

Principal Place of Business 1213 HODGES DRIVE, SUITE B TALLAHASSEE, FL 32308	Mailing Address 1213 HODGES DRIVE, SUITE B TALLAHASSEE, FL 32308
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2. Principal Place of Business		3. Mailing Address P.O. BOX 15884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TALLAHASSEE, FL	
Zip	Country	Zip 32317	Country USA



03022004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1824538		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARVEY, CHARLES B 1213 HODGES DRIVE, SUITE B TALLAHASSEE, FL 32308		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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$737,896.98	10. Amount of Capital Contributions in FLORIDA to date.
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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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HARVEY, CHARLES B 825 LAKE RIDGE DRIVE TALLAHASSEE, FL 32312	STREET ADDRESS	800032186018 04708704--01014--006 **526.25
NAME		CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **03-09-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE