


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A07570
 1. Entity Name
SAMPALA LAKE RANCH LIMITED




Principal Place of Business
 800 FOXHOUND DR., RT. 37
 DAYTONA BEACH, FL 32124

Mailing Address
 800 FOXHOUND DR., RT. 37
 DAYTONA BEACH, FL 32124

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02012004 Chg-LP CR2E003 (10/03)

4. FEI Number
58-1438520

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KREMSEK, GEFFORY
6464 CYPRUS SPRINGS PARKWAY
PORT ORANGE, FL 32124

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$1,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2/18/04**

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 #	KREMSEK, FRANK J JR. 800 FOX HOUND DR. PORT ORANGE, FL 33128	STREET ADDRESS	U00000102095 04/05/04-80001-002 526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	KREMSEK, PAULINE H 800 FOX HOUND DR. PORT ORANGE, FL 33128	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			

STAPLE CHECK HERE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____