

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A09629**

1. Entity Name  
**SARASOTA PROPERTIES, LTD.**



Principal Place of Business  
**550 BILTMORE WAY, SUITE 700**  
**CORAL GABLES, FL 33134**

Mailing Address  
**550 BILTMORE WAY, SUITE 700**  
**CORAL GABLES, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

02172004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-2006374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POLLER, NEALE J**  
**550 BILTMORE WAY, SUITE 700**  
**CORAL GABLES, FL 33134**

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

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

DATE

9. Capital Contributions  
as Shown on record

**\$668,125.17**

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

DOCUMENT # **P94000056692**  
NAME **SARASOTA PROPERTY CORPORATION**  
STREET ADDRESS **550 BILTMORE WAY, SUITE 700**  
CITY - ST - ZIP **CORAL GABLES, FL 33134**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

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)(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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**PRESIDENT, SARASOTA**  
**PROP. CORP.**

**4/27/04**

Date

Daytime Phone #

STAPLE CHECK HERE