

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

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

|                                                  |  |                                                                                   |
|--------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # A11054                                |  |  |
| 1. Entity Name<br>SANDBAR BEACH PROPERTIES, LTD. |  |                                                                                   |

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>2032 HILLVIEW ST.<br>SARASOTA, FL 34239 | Mailing Address<br>2032 HILLVIEW ST.<br>SARASOTA, FL 34239 |
|------------------------------------------------------------------------|------------------------------------------------------------|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                |                |
|----------------|----------------|
| Subsidiary # 1 | Subsidiary # 2 |
|----------------|----------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



01072004 Chg-LP CR2E003 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2120048 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|--------------------------------------------------------------------|

|                                                                                                                     |                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BALLIETT, JOHN W.<br>2032 HILLVIEW ST.<br>SARASOTA, FL 34239 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_

|                                                          |                                                        |
|----------------------------------------------------------|--------------------------------------------------------|
| 9. Capital Contributions as of 12/31/2003 \$1,381,054.00 | 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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 690833<br>SANDBAR DEVELOPMENT CORP<br>2032 HILLVIEW ST.<br>SARASOTA, FL | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | STREET ADDRESS<br>CITY-ST-ZIP | 000000070507<br>02/29/04-80025-020 535.00 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | STREET ADDRESS<br>CITY-ST-ZIP |                                           |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | STREET ADDRESS<br>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: *John W. Balliett* *Vice President* 1/23/04 941-364-9224  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE