

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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A14628</b> 1. Entity Name SUNDANCE VILLAGE, LTD.					
Principal Place of Business 500 S. FLORIDA AVE., #700 LAKE LAND, FL 33801			Mailing Address P.O. BOX 5252 LAKE LAND, FL 33807		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01152004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-2353278				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  MCFARLANE, PETER A., P.A. 500 S. FLORIDA AVE., #715 LAKE LAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	G93950 PROCO PROPERTIES, INC. 500 S. FLORIDA AVENUE, #700 LAKE LAND, FL 33801		STREET ADDRESS CITY - ST - ZIP	U000000160291 05/13/04-80015-012 150.00	
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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: <i>Kim S. Kelley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Kim S. Kelley			4/30/04 863-7647-1581 Date Daytime Phone #		

STAPLE CHECK HERE