


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 FEB 26 AM 8:34

<b>DOCUMENT # A18012</b>	
1. Entity Name SANDSTONE/HARBOUR WALK ASSOCIATES, LTD.	

Principal Place of Business 701 W. FLETCHER AVENUE SUITE A TAMPA, FL 33612	Mailing Address 701 W. FLETCHER AVENUE SUITE A TAMPA, FL 33612
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2. Principal Place of Business P.O. Box 896	3. Mailing Address P.O. Box 896
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lutz, FL	City & State Lutz, FL
Zip 33548	Country USA
City & State Lutz, FL	City & State Lutz, FL
Zip 33548	Country USA



02162004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2454148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHOLFIELD, RICHARD D. 701 W. FLETCHER AVENUE SUITE A TAMPA, FL 33612	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 936 Guisando de Avila City TAMPA FL Zip 33613	
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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. \$5,429,681.00	10. Amount of Capital Contributions in FLORIDA to date. 5429681.00
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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 #	NAME	STREET ADDRESS	936 Guisando de Avila
NAME	SCHOFIELD, RICHARD D.	CITY-ST-ZIP	TAMPA, FL 33613
STREET ADDRESS	701 W. FLETCHER AVE., #A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	RICHARD D. Schofield	2/24/04	813-963-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE