

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**DOCUMENT # A22757**  
1. Entity Name  
**SFG PROPERTIES, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 28 AM 9:57

Principal Place of Business      Mailing Address  
P.O. BOX 985                              P.O. BOX 985  
LAKE PLACID FL 33852                      LAKE PLACID FL 33852

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.                              Suite, Apt. #, etc.

City & State                              City & State

Zip                              Country                              Zip                              Country

*Handwritten initials*



1ST MOORE      CR2E003 (10/04)

6. Name and Address of Current Registered Agent  
**GRIGSBY, RONALD P.  
1511 US 27 SOUTH  
LAKE PLACID FL 33852**

4. FEI Number      Applied For  
**59-2584076**      Not Applicable

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

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.

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.      \$2,475,490.00      10. Amount of Capital Contributions in FLORIDA to date.      - 0 -

**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 #	
NAME	GRIGSBY, SAMUEL F.
STREET ADDRESS	1070 ST. IVES CT.
CITY-ST-ZIP	MORRISTOWN TN 37814
DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Ronald Grigsby*      RONALD GRIGSBY      3/25/05      863-465-4455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #