2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A23659

1. Entity Name
SUNFLOWER TRAIL ESTATES, LTD.

Principal Place of Business	Mailing Address
ATTN: GEROGE T. EIDSON, JR. 255 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801	ATTN: GEORGE T. EIDSON JR PO BOX 231 ORLANDO, FL 32802-0231

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01032005   Chg-LP   CR2E003 (10/03)

4. FEI Number 59-2766201	Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EIDSON, GEORGE T., JR. CITRUS CENTER 255 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32802	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. $2,629,046.63	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 # NAME: EIDSON, GEORGE T. JR. STREET ADDRESS: 255 S. ORANGE AVENUE, STE. 1000 CITY-ST-ZIP: ORLANDO, FL 32802	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: MCGOVERN, MICHAEL STREET ADDRESS: 65 MARYEANNA DR NE CITY-ST-ZIP: ATLANTA, GA	STREET ADDRESS CITY-ST-ZIP 00000002024 78 01/28/05-80113-002 526.25
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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: _____   1/24/05   407 843 7860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #