


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
2004 APR 26 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27249					
1. Entity Name S.B.S. OF GAINESVILLE, A FLORIDA LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 5278 GAINESVILLE, FL 32602		Mailing Address P.O. BOX 5278 GAINESVILLE, FL 32602			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2957064	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARPENTER, RONALD 4127 NW 27TH LANE GAINESVILLE, FL 32606				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$8,700.00		10. Amount of Capital Contributions in FLORIDA to date. 8700.00			
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 #	K35600	STREET ADDRESS			
NAME	SOUTHERN BLDG STRUCTURES	CITY-ST-ZIP			
STREET ADDRESS	4127 NW 27TH LANE				
CITY-ST-ZIP	GAINESVILLE, FL 32606				
DOCUMENT #		STREET ADDRESS	300036282753		
NAME		CITY-ST-ZIP	05/14/04--01008--001 **149.65		
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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: <i>S.T. Mallin</i>		4/12/04 352 3764939			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #			

STAPLE CHECK HERE