

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 APR 30 PM 12: 23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04262004 Chg-LP CR2E003 (10/03)

DOCUMENT # A27808				
1. Entity Name SFLP, LTD.				
Principal Place of Business P. O. BOX 2973 PALM BEACH, FL 33480		Mailing Address P. O. BOX 2973 PALM BEACH, FL 33480		
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 65-0179680			Applied For <input type="checkbox"/> 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		
HERON, J E 232 AUSTRALIAN AVE. PALM BEACH, FL 33480		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. \$700,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$70,000		
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 #	K45946	STREET ADDRESS		
NAME	FLP INVESTMENT CORP.	CITY-ST-ZIP		
STREET ADDRESS	232 AUSTRALIAN AVE #2			
CITY-ST-ZIP	PALM BEACH, FL			
DOCUMENT #		STREET ADDRESS	100026478301	
NAME		CITY-ST-ZIP	05/14/04--01053--023 **158.75	
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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>By J. E. Heron, General Partner FLP Investment Corp. as President</i>		Date: <i>4-15-04</i> <i>W. Heron</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #: <i>561-655-3060</i>		

STAPLE CHECK HERE