

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -5 PM 12: 06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A27808
 1. Entity Name
 SFLP, LTD.



Principal Place of Business Mailing Address
 P. O. BOX 2973 P. O. BOX 2973
 PALM BEACH, FL 33480 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

04252005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0179680 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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$700,000.00

10. Amount of Capital Contributions in FLORIDA to date 8/10,000

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
 NAME FLP INVESTMENT CORP.
 STREET ADDRESS 232 AUSTRALIAN AVE #2
 CITY-ST-ZIP PALM BEACH, FL

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 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: *Josephina Medina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4-20-05 Daytime Phone # 801-659-3060

STAPLE CHECK HERE