2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A29446

1. Entity Name
SAGA ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
% KENNETH A. GOLDING 27001 U.S. 19 N. SUITE 2095 CLEARWATER, FL 33761	% KENNETH A. GOLDING 27001 U.S. 19 N. SUITE 2095 CLEARWATER, FL 33761

02182005 Chg-LP CR2E003 (10/03)

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: 59-2990643 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDING-SCHER, HARRIET S. 503 ERIE AVENUE TAMPA, FL 33606	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	$303,682.50	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 #	V51167	STREET ADDRESS	
NAME	BRANDON MALL, INC.		
STREET ADDRESS	27001 U.S. HWY. 19 N., SUITE 2095		
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000000294788 04/09/05-80001-005 535.00
NAME			
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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 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: H.Sara Golding Scher 3/15/05 (727) 796-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #