


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------------------|---|---|---|-------------------------------|
| DOCUMENT # A30119 1. Entity Name SUGAR CANE VILLAS, LTD. | | | |  | |
| Principal Place of Business 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931 | | | Mailing Address 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931 | | | | 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. \$1,000.00 | | 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 | | STREET ADDRESS | | |
| STREET ADDRESS | 5505 N. ATLANTIC AVE., STE. 115 | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | | | |
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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>James Kincaid, Agent</i> | | | Date: 2/23/04 | | Daytime Phone #: 321-799-2090 |

STAPLE CHECK HERE