

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

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

DOCUMENT # A93000000422

1. Entity Name
SANDY PINES, LTD.



Principal Place of Business 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02122004 Chg-LP CR2E003 (10/03)

4. FEL Number 59-3402126	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE., SUITE 115
COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

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. \$2,631,059.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 CITY - ST - ZIP	P93000075715 HERITAGE PARTNERS GROUP VIII, INC. ✓ 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	N98000000959 NATIONAL DEVELOPMENT FOUNDATION INC ✓ 4250 ALAFAYA TRAIL #212-330 OVIDO, FL 327659424	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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03/10/04-80506-005 535.00

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: *James Kincaid* Date: 3/23/04 Daytime Phone #: 321-799-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER