


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 09, 2005 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3402126	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., SUITE 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 _____
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. \$2,631,059.00
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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 #	P93000075715	STREET ADDRESS	
NAME	HERITAGE PARTNERS GROUP VIII, INC.	CITY-ST-ZIP	
STREET ADDRESS	5505 N. ATLANTIC AVE., SUITE 115		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
DOCUMENT #	N98000000959	STREET ADDRESS	
NAME	NATIONAL DEVELOPMENT FOUNDATION INC	CITY-ST-ZIP	
STREET ADDRESS	4250 ALAFAYA TRAIL #212-330		
CITY-ST-ZIP	OVIDO, FL 327659424		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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02/09/05-80069-005 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE

VP. of the G.P. 2-4-05 321-799-4090