

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:11

DOCUMENT # A94000000064	
1. Entity Name SFT, LTD.	



Principal Place of Business 3463 HARBOR DRIVE SPRING HILL, FL 34607	Mailing Address 3463 HARBOR DRIVE SPRING HILL, FL 34607
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2. Principal Place of Business 911 WASHINGTON AVE Suite, Apt. #, etc. APT 219 City & State LARGO, FL Zip 33770 Country PINELLAS	3. Mailing Address 911 WASHINGTON AVE Suite, Apt. #, etc. APT 219 City & State LARGO FL Zip 33770 Country PINELLAS
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03222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3223147	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 SARCHET, WILLIAM 3463 HARBOR DRIVE SPRING HILL, FL 34607	7. Name and Address of New Registered Agent Name SARCHET, EFIGENIA Street Address (P.O. Box Number is Not Acceptable) 911 WASHINGTON AVE APT 219 City LARGO FL Zip Code 33770
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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 <i>Efigenia Sarchet</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4.9.04
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9. Capital Contributions as Shown on record. \$8,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$8,000.00	144,75
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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	911 WASHINGTON AVE - APT 219
NAME	SARCHET, WILLIAM	CITY-ST-ZIP	LARGO, FL 33770
STREET ADDRESS	3463 HARBOR DRIVE		
CITY-ST-ZIP	SPRING HILL, FL 34607		
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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 05/10/04--01096--010 **153.50

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>Will Sarchet GP</i>	DATE: 4/12/04	DAYTIME PHONE: 727-585-9540
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE