

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000000732</b>	
1. Entity Name <b>349 S.A.C. LIMITED</b>	



Principal Place of Business <b>1241 TREE BAY LANE SARASOTA FL 34242</b>	Mailing Address <b>1241 TREE BAY LANE SARASOTA FL 34242</b>
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2. Principal Place of Business  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>65-0492761</b>	Applied For <input type="checkbox"/> 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 <b>RAPPAPORT, MARTIN 1241 TREE BAY LANE SARASOTA FL 34242</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$237,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # <b>J88610</b>	NAME <b>IMAR REAL ESTATE MANAGEMENT, INC.</b>
STREET ADDRESS <b>1241 TREE BAY LANE</b>	CITY-ST-ZIP <b>SARASOTA FL 34242</b>

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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
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

STAPLE CHECK HERE

**SIGNATURE:** *Martin Rappaport* **Martin Rappaport** **4/5/4** **941-346-A31**