
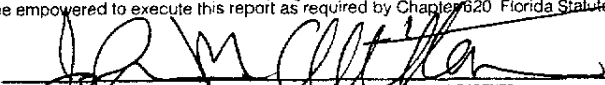


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001077					
1. Entity Name A&M OF HENDRY COUNTY, LTD.					
Principal Place of Business 5430 PROCTOR ROAD SARASOTA, FL 34233			Mailing Address 5430 PROCTOR ROAD SARASOTA, FL 34233		
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	
STRODE, WILLIAM C 720 SO. ORANGE AVE. SARASOTA, FL 34236				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 \$5,029,770.00			10. Amount of Capital Contributions in FLORIDA to date. 5,029,770.00		
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 #	P94000053150		STREET ADDRESS		
NAME	A&M MANAGEMENT OF HENDRY COUNTY, INC.		CITY - ST - ZIP		
STREET ADDRESS	5430 PROCTOR RD.				
CITY - ST - ZIP	SARASOTA, FL 34233				
DOCUMENT #			STREET ADDRESS	000000157886	
NAME			CITY - ST - ZIP	05/06/04-80043-014 526.25	
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: 			4/27/04 941-925-7155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE