

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A94000001451

1. Entity Name
SANDHURST LIMITED PARTNERSHIP



Principal Place of Business

845 TROPICAL CIRCLE
SARASOTA, FL 34242

Mailing Address

845 TROPICAL CIRCLE
SARASOTA, FL 34242



01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0546886

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PETERSON, RENNO L
1800 2ND STREET, SUITE 755
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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

| | | | |
|------------|-------------------------------|-----------------------|--------------------|
| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
| | LASCELLE, PHILIP M TRUSTEE | 845 TROPICAL CIRCLE | SARASOTA, FL 34242 |
| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
| | LASCELLE, SHIRLEY M TRUSTEE | 845 TROPICAL CIRCLE | SARASOTA, FL 34242 |
| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
| | LICHTENSTEIN, ALLAN M TRUSTEE | 2501 S. TAMiami TRAIL | SARASOTA, FL 34239 |
| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
| | | | |
| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
| | | | |

01/14/08-80053-026 \$500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1/9/08

Daytime Phone #

STAPLE CHECK HERE