

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A95000001289

1. Entity Name

SAVANNA POINTE, LTD.



FILED

04 AUG -2 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3501 SOUTH MAIN STREET, SUITE 1
GAINESVILLE FL 32601

Mailing Address
3501 SOUTH MAIN STREET, SUITE 1
GAINESVILLE FL 32601



MOORE CR2E003 (4/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3331799
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, FREDERICK L
3501 SOUTH MAIN STREET, SUITE 1
GAINESVILLE FL 32601

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

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

DATE

9. Capital Contributions as Shown on record. \$490,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

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 # P95000054542
NAME SAVANNA POINTE, INC.
STREET ADDRESS 3501 SOUTH MAIN STREET, SUITE 1
CITY-ST-ZIP GAINESVILLE FL 32601

STREET ADDRESS
CITY-ST-ZIP 000039949280
08/06/04--01040--013 **526.25

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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:

Fred L. Henderson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/27/04
Date

352-372-3322
Daytime Phone #

STAPLE CHECK HERE