

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 21, 2004 8:00 A.M**  
**Secretary of State**

DOCUMENT # A96000001421	
1. Entity Name WHITE CROW, 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 PINELAS	3. Mailing Address 911 WASHINGTON AVE Suite, Apt. #, etc. APT 219 City & State LARGO, FL Zip 33770 Country PINELAS
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03222004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3393413	Applied For 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 ARBOR 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> DATE 4-9-04	
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9. Capital Contributions as Shown on record. \$2,500.00	10. Amount of Capital Contributions in FLORIDA to date. 2,500.00	141.25
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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 #	SARCHET, WILLIAM	STREET ADDRESS	911 WASHINGTON AVE - APT 219
NAME	3463 HARBOR DRIVE	CITY-ST-ZIP	LARGO, FL 33770
STREET ADDRESS	SPRING HILL, FL 34607		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400035800794
NAME		CITY-ST-ZIP	05/10/04--01036--004 **150.00
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DOCUMENT #		STREET ADDRESS	
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: <i>Will Sarchet GP</i>	4-12-04	727-585-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE