

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

**DOCUMENT # A96000001570**

1. Entity Name  
**SANFORD COMMERCE CENTER, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:39

Principal Place of Business  
**912 N. HIGHLAND AVENUE  
ORLANDO, FL 32803**

Mailing Address  
**912 N. HIGHLAND AVENUE  
ORLANDO, FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
**59-3397867**

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

**B&C CORPORATE SERVICES OF CENT. FLA., INC.  
390 N. ORANGE AVENUE, SUITE 1100  
ORLANDO, FL 32801**

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. **\$50.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **P96000070127**  
NAME **SANFORD COMMERCE CENTER, INC.**  
STREET ADDRESS **~~1230 HILL CREST STREET, SUITE 100~~**  
CITY-ST-ZIP **ORLANDO, FL 32803**

STREET ADDRESS **P.O. Box 1911**  
CITY-ST-ZIP **Orlando FLA 32802**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**A. WAYNE RICH 2/5/04 407-644-4205**