

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

APPROVAL
AND
FILED

04 MAY -6 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001799

1. Entity Name

SARDONYX ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business

**825 SANTA BARBARA BLVD.
CAPE CORAL FL 33991**

Mailing Address

**311 CASTLE SHANNON BLVD.
PITTSBURGH PA 15234**

2. Principal Place of Business

3. Mailing Address

313 Castle Shannon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pittsburgh, PA

Zip

Country

Zip

15234

USA

4. FEI Number

65-0700170

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

**GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901**

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.

\$250,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **F96000004992**
NAME **PERIDOT ENTERPRISES, INC.**
STREET ADDRESS **311 CASTLE SHANNON BLVD.**
CITY-ST-ZIP **PITTSBURGH PA 15234**

STREET ADDRESS **313 Castle Shannon Blvd.**
CITY-ST-ZIP **Pittsburgh, PA 15234**

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CITY-ST-ZIP

JB

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:

Robert C. Lohr

4/28/04

412-341-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE