

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN -7 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062004 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0715733** Applied For ☐ Not Applicable

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

DOCUMENT # A96000002276			
1. Entity Name SAUNDERS FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 1801 MAIN STREET SARASOTA, FL 34236		Mailing Address 1801 MAIN STREET SARASOTA, FL 34236	
2. Principal Place of Business 100 S. WASHINGTON BLVD.		3. Mailing Address 100 S. WASHINGTON BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34236	Country USA	Zip 34236	Country USA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REES, PAULA 1801 MAIN STREET SARASOTA, FL 34236		Name Street Address (P.O. Box Number is Not Acceptable) 100 S. WASHINGTON BLVD. City SARASOTA FL Zip Code 34236	

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 *Paula Rees* **Paula Rees** 04-06-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$1,375,344.12**

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 #	SAUNDERS, MICHAEL	STREET ADDRESS	100 S. WASHINGTON BLVD.
NAME	1801 MAIN STREET	CITY-ST-ZIP	SARASOTA FL 34236
STREET ADDRESS	SARASOTA, FL 34236		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

*Amendment
Filed 5-28-04*

~~06/11/04 01035 001 **526.25~~
000037870820
06/11/04--01035--001 **526.25

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: *Michael Saunders* **Michael Saunders** 4-6-04 941-953-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE