


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

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000571</b>					
1. Entity Name <b>SANDY CREEK RANCH, LTD.</b>					
Principal Place of Business <b>906 CENTERBROOK DRIVE BRANDON, FL 33511</b>			Mailing Address <b>906 CENTERBROOK DRIVE BRANDON, FL 33511</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3428298</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BELISLE, MELVIN R 906 CENTERBROOK DRIVE BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$331,650.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BELISLE, KEITH W		CITY - ST - ZIP		
CITY - ST - ZIP	906 CENTERBROOK DRIVE BRANDON, FL 33511		STREET ADDRESS		
DOCUMENT #	NAME		CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS	U00000158443	
CITY - ST - ZIP			CITY - ST - ZIP	05/07/04-80022-006 526.25	
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CITY - ST - ZIP			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: _____			4-26-04 813-621-1143		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>M.R. Belisle</b>			Date Daytime Phone #		

STAPLE CHECK HERE