2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

•	<i></i>	Due By May 1, 2004				"FILED				
	DOCUMENT # A9700000734 1. Entity Name SAWYER'S WALK, LTD. Principal Place of Business 269 NORTHWEST 7TH STREET MIAMI, FL 33136 MIAMI, FL 33136					04 MAY 17 PM 1: 32 OLC TALLAMASSIE FLORIDA				
				TREET		1 (180) (181)	,	K 8841 8814 8814 4888 Heb		
	2. Principal Place of Business 3. Mailing Address 201 N. W.			th S	Street					
	Suite, Apt. #, etc.		Suite, Apt. #,461	Suite, Apt. #401		02252004	Chg-LP	CR2E003 (10/0	3) 5/17	
	City & State City		City & State Miami, Fl	Miami Fl		4. FEI Numbe 65-0735			Applied For Not Applicable	
	Zip Country Zip		Zip			S. Certificate of Status Desired				
		6. Name and Address of Currer		2 - 	-	7. Name and	Address of New F			
	WEITZEL, TED H INDIAN RIVER INVESTMENT COMMUNITIES, INC. 269 NORTHWEST 7TH STREET MIAMI, FL 33136				Name Street Address	(P.O. Box Numbe	r is Not Accentable	-		
					Street Address (P.O. Box Number is Not Acceptable) 201 N. W. 7th Street					
					#40 City Mian			FL Zip C	Code 3136	
	8. The above named entity submits this statement for the purpose of changing its require obligations of registered agents SIGNATURE Signature Appeal or Purpol name of additional agents and the Angelicable.				d office or registe	-		prida. I am familiar w	31.36 ith, and accept	
STAPLE CHECK HERE	Capital Contributions as Shown on record. \$15,000.00 10. Amount of Capital C in FLORIDA to date.				outions	***************************************				
	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.	12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY					
	DOCUMENT # NAME STREET ADDRESS	P97000014392 INDIAN RIVER INVESTMENT COMMUNITIES, INC. 269 NORTHWEST 7TH STREET			ET AODRESS ST-ZIP	201 N. W. 7th Street #401				
	CITY-ST-ZIP	MIAMI, FL. 33136			ET ADDRESS	Miami, Fl. 33136				
	NAME Street address	TREET ADDRESS TY-ST-ZIP								
	CITY-ST-ZIP				ST-ZIP		<u></u>			
	NAME STREET ADDRESS CITY-ST-ZIP	- مسر محدد به الهدملت . الما الما في الما	هیست به التحقیدی می <u>ستند کنید برسیستی با بست.</u> میگرد هیدی از استینید ریدان		ET ADORESS.	06/	366 63 10/04-01	784909 066-018 *	38 *193.75	
	DOCUMENT #	<u> </u>		STRE	ET ADORESS					
	NAME STREET ADDRESS CITY-ST-ZIP			спу-	ST-ZIP					
	DOCUMENT # NAME			STREE	ET ADORESS					
	STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		·			
	DOCUMENT # NAME			STRE	ET ADDRESS					
	STREET ADDRESS City-St-Zip			CITY-	ST-ZIP					
	14. Il hereby certify that the information supplied with this filing does not qualify for indicated on this report is fryel and accurate and that my signature shall have the the receiver or trustee employered to execute this report as required by Chapter				e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a General Partner of the limited partnership or 620, Florida Statutes					
	SIGNAT	URE:	$\sim \sim \sim$	1	Ted H. We	eitzel	4-19-04	305-3	77-2509	