

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

FILED

2004 APR 22 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000767

1. Entity Name  
AIF, LTD.



Principal Place of Business  
3463 HARBOR DRIVE  
SPRING HILL, FL 34607

Mailing Address  
3463 HARBOR DRIVE  
SPRING HILL, FL 34607



2. Principal Place of Business  
911 WASHINGTON AVE

3. Mailing Address  
911 WASHINGTON AVE

Suite, Apt. #, etc.  
APT 219

Suite, Apt. #, etc.  
APT 219

City & State  
LARGO, FL

City & State  
LARGO, FL

Zip  
33770

Country  
PINELLAS

Zip  
33770

Country  
PINELLAS

03222004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3449097

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SARCHET, CATHY  
3463 HARBOR DRIVE  
SPRING HILL, FL 34607

7. Name and Address of New Registered Agent

Name  
SARCHET, EFISENIA

Street Address (P.O. Box Number is Not Acceptable)  
911 WASHINGTON AVE

APT 219

City  
LARGO

FL

Zip Code  
33770

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

*Epigenia Sarchet*

4. 2. 04

DATE

9. Capital Contributions  
as Shown on record. \$2,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$2,500.00

\$141.25

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SARCHET, CATHY  
3463 HARBOR DRIVE  
SPRING HILL, FL 34607

STREET ADDRESS  
CITY - ST - ZIP  
911 WASHINGTON AVE - APT 219  
LARGO, FL 33770

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CITY - ST - ZIP

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05/10/04--01036--001 \*\*150.00

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:

*Catherine Sarchet GP*

4.12.04 707-585-9540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE