

**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  
 Suite, Apt. #, etc.  
 APT 219  
 City & State  
 LARGO, FL

3. Mailing Address  
 911 WASHINGTON AVE  
 Suite, Apt. #, etc.  
 APT 219  
 City & State  
 LARGO, FL



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

Zip Country Zip Country  
 33770 PINELLAS 33770 PINELLAS

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* DATE 4.9.04

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

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

13. ADDRESS CHANGES ONLY

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

STAPLE CHECK HERE

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* DATE 4.12.04 707-585-9540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #