


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

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001141**

1. Entity Name  
**3363 SEDGWICK MORTGAGE HOLDINGS LTD.**



Principal Place of Business      Mailing Address  
**1773 WILTSHIRE VILLAGE DRIVE**      **1773 WILTSHIRE VILLAGE DRIVE**  
**WELLINGTON, FL 33414**                      **WELLINGTON, FL 33414**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANATION, FL 33324**



02182004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**65-0763827**                      Not Applicable

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                                      **FL**      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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$740,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      **740,000.00**

**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	M9700000287 3363 SEDGWICK MORTGAGE LLC 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	U00000087657
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	03/15/04-B0018-D14 535.00
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DOCUMENT # NAME STREET ADDRESS 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:** Michael Sherry      **MICHAEL SHERRY**      2/26/04      914 793-1793  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE