


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A97000001141 1. Entity Name 3363 SEDGWICK MORTGAGE HOLDINGS LTD.	
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FILED
 2005 APR 28 PM 1:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 1700 W 93RD TERR PLANTATION, FL 33322	Mailing Address 1700 W 93RD TERR PLANTATION, FL 33322
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03092005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.
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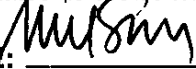
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	M97000000287
NAME	3363 SEDGWICK MORTGAGE LLC
STREET ADDRESS	1773 WILTSHIRE VILLAGE DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	
STREET ADDRESS	1700 N.W. 93rd Terrace
CITY-ST-ZIP	Plantation, Florida 33322
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500054928435
CITY-ST-ZIP	05/23/05--01005--018 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael Sherry 4/26/05 793-1793