

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001296

1. Entity Name
MARINA TOWER OF SARASOTA, LTD.



Principal Place of Business

**1264 N PALM AVE
 SARASOTA, FL 34236**

Mailing Address

**1264 N PALM AVE
 SARASOTA, FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0817693

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SKALITZKY, ROBERT
 1264 N. PALM AVENUE
 SARASOTA, FL 34236**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the if applicable.

DATE

9. Capital Contributions
 as Shown on record.

\$2,200,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

**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 # **P97000051991**
 NAME **MT OF SARASOTA, INC.**
 STREET ADDRESS **1264 N. PALM AVE.**
 CITY- ST- ZIP **SARASOTA, FL 34236**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

**U000000003348
 01/13/04-80051-015 543.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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:

R. Skaltzky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Deputy Phone #

1-8-04 941-366-5000

STAPLE CHECK HERE

2004-12