


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 11 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001536		
1. Entity Name SAEF GENERATIONS, LTD.		

Principal Place of Business 1621 OAK CIRCLE SOUTH SARASOTA, FL 34232	Mailing Address 1621 OAK CIRCLE SOUTH SARASOTA, FL 34232
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04032005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0792083	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAEF, JEROLD L 1621 OAK CIRCLE SOUTH SARASOTA, FL 34232		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. \$36,000.00	10. Amount of Capital Contributions in FLORIDA to date. 36,000
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAEF, JEROLD L	CITY-ST-ZIP	
STREET ADDRESS	1621 OAK CIRCLE SOUTH		
CITY-ST-ZIP	SARASOTA, FL 34232		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAEF, STEVEN H	CITY-ST-ZIP	
STREET ADDRESS	2793 ROSEDOWN		
CITY-ST-ZIP	MT. PLEASANT, SC 29464		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAEF, DAVID K	CITY-ST-ZIP	
STREET ADDRESS	4051 JORDAN LAKES DRIVE		
CITY-ST-ZIP	MARIETTA, GA 30062		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAEF, LAURA R	CITY-ST-ZIP	
STREET ADDRESS	4911 ROOSEVELT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAEF, ELAINE L	CITY-ST-ZIP	
STREET ADDRESS	4911 ROOSEVELT STREET		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: Jerald L Sae 4/2/5 941-378-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE