


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

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A97000001772	
<b>1. Entity Name</b> SAND LAKE OF TAMPA, LTD.	

<b>Principal Place of Business</b> 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801	<b>Mailing Address</b> P.O. BOX 5252 LAKELAND, FL 33807
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



01152004 Chg-LP CR2E003 (10/03)

<b>4. FEI Number</b> 59-3466880		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
BOCHIS, GEORGE J ESQ. 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 use if applicable

<b>9. Capital Contributions</b> as Shown on record. \$1,000.00	<b>10. Amount of Capital Contributions</b> 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		13. ADDRESS CHANGES ONLY	
<b>DOCUMENT #</b> P29845	<b>NAME</b> A & M BUSINESS PROPERTIES, INC.	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 500 SOUTH FLORIDA AVE., SUITE 700	<b>CITY-ST-ZIP</b> LAKELAND, FL 33801	<b>CITY-ST-ZIP</b>	UD00000160302 05/13/04-80615-023 150.00
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
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<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	

**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:** Kim S. Kelley **4/30/04 803-107-1581**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Kim S. Kelley

STAPLE CHECK HERE