


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002363		
1. Entity Name SAHLMAN FAMILY, LTD.		

Principal Place of Business 1601 SAHLMAN DRIVE TAMPA, FL 33605	Mailing Address 1601 SAHLMAN DRIVE TAMPA, FL 33605
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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



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3479323		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAHLMAN, CHARLES W 1601 SAHLMAN DRIVE TAMPA, FL 33605		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 _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____
9. Capital Contributions as Shown on record. \$2,400,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,322,777.00	

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. **526.25**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SAHLMAN, CHARLES W	CITY - ST - ZIP	
STREET ADDRESS	1601 SAHLMAN DRIVE		
CITY - ST - ZIP	TAMPA, FL 33605		
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02/26/04-80033-005 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	CHARLES W. SAHLMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

02/03/2004 813-248-5726

STAPLE CHECK HERE