

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A98000000625

1. Entity Name
SAWGRASS JOINT VENTURE LIMITED PARTNERSHIP



Principal Place of Business
1389 NW 136 AVE.
SUNRISE, FL 33323

Mailing Address
1389 NW 136 AVE.
SUNRISE, FL 33323



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0132203

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, DON
1389 NW 136 AVE.
SUNRISE, FL 33323

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

\$400.00

10. Amount of Capital Contributions in FLORIDA to date

\$ 400.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

CARTER, DON
9895 SW 96 ST.
MIAMI, FL 33176

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

ISAN, JERRY
2420 NE 27 ST.
LIGHTHOUSE POINT, FL 33064

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

POWELL, JOHN JR
36750 US HWY. 19
TARPON SPRINGS, FL 34689

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

ROSE, BURT
7025 WEST WIND
SYLVANIA, OH 43560

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

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CITY- ST- ZIP

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05/13/04-80017-008 141.25

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jerry Isan 2 4-24-04 (954) 846-8400

Date

Daytime Phone #