

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000625</b> 1. Entity Name <b>SAWGRASS JOINT VENTURE LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1389 NW 136 AVE.          SUNRISE, FL 33323</b>			Mailing Address <b>1389 NW 136 AVE.          SUNRISE, FL 33323</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0132203</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CARTER, DON          1389 NW 136 AVE.          SUNRISE, FL 33323</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record... <b>\$400.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 400</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
	CARTER, DON				
STREET ADDRESS	9895 SW 96 ST.		CITY - ST - ZIP		
CITY - ST - ZIP	MIAMI, FL 33176				
DOCUMENT #	NAME		STREET ADDRESS		
	ISAN, JERRY				
STREET ADDRESS	2420 NE 27 ST.		CITY - ST - ZIP		
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064				
DOCUMENT #	NAME		STREET ADDRESS		
	POWELL, JOHN JR				
STREET ADDRESS	36750 US HWY. 19		CITY - ST - ZIP		
CITY - ST - ZIP	TARPON SPRINGS, FL 34689				
DOCUMENT #	NAME		STREET ADDRESS		
	ROSE, BURT				
STREET ADDRESS	7025 WEST WIND		CITY - ST - ZIP		
CITY - ST - ZIP	SYLVANIA, OH 43560				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
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)(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					
<b>SIGNATURE: <i>Jerry Isan</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<b><i>Jerry Isan</i></b> <b>4-27-05</b> (954) 846-8400 <small>Date Daytime Phone #</small>		



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0132203** Applied For ☐ Not Applicable ☐

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record... **\$400.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$ 400**

**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		
	CARTER, DON				
STREET ADDRESS	9895 SW 96 ST.		CITY - ST - ZIP		
CITY - ST - ZIP	MIAMI, FL 33176				
DOCUMENT #	NAME		STREET ADDRESS		
	ISAN, JERRY				
STREET ADDRESS	2420 NE 27 ST.		CITY - ST - ZIP		
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064				
DOCUMENT #	NAME		STREET ADDRESS		
	POWELL, JOHN JR				
STREET ADDRESS	36750 US HWY. 19		CITY - ST - ZIP		
CITY - ST - ZIP	TARPON SPRINGS, FL 34689				
DOCUMENT #	NAME		STREET ADDRESS		
	ROSE, BURT				
STREET ADDRESS	7025 WEST WIND		CITY - ST - ZIP		
CITY - ST - ZIP	SYLVANIA, OH 43560				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					

000000367077  
 05/16/05-80018-024 141.25

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: *Jerry Isan*** ***Jerry Isan*** **4-27-05** (954) 846-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE