

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000861 1. Entity Name SABANA REAL ESTATE HOLDINGS, LTD.					
Principal Place of Business 1613 S.E. BALLANTRAE BLVD. N. PORT ST. LUCIE, FL 34952			Mailing Address 1613 S.E. BALLANTRAE BLVD. N. PORT ST. LUCIE, FL 34952		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
03172004 Chg-LP CR2E003 (10/03)				4. FEI Number 65-0930266	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLGUIN, JUAN M 1613 S.E. BALLANTRAE BLVD. N. PORT ST. LUCIE, FL 34952			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$1,300,000.00		10. Amount of Capital Contributions in FLORIDA to date. 288,646			
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 #	P98000025336		STREET ADDRESS		
NAME	SABANA REAL ESTATE, IN C.		CITY - ST - ZIP		
STREET ADDRESS	1613 S.E. BALLANTRAE BLVD. N.		CITY - ST - ZIP		
CITY - ST - ZIP	PORT ST. LUCIE, FL 34952		CITY - ST - ZIP		
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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:			3/30/04 772-337-1027		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE