2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001410

1. Entity Name
SPARKS PARTNERSHIP, LTD.

FILED
04 JUN -4 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04122004 Chg-LP CR2E003 (10/03)

Principal Place of Business	Mailing Address
2580 SOUTH OCEAN BLVD., #2A2 PALM BEACH, FL 33480	2580 SOUTH OCEAN BLVD., #2A2 PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0844039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKS, HAROLD N
2580 SOUTH OCEAN BLVD., #2A2
PALM BEACH, FL 33480

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.	$7,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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 #		STREET ADDRESS	14266 Rolling Rock Place
NAME	SPARKS, HAROLD N	CITY-ST-ZIP	Wellington Fl. 33414
STREET ADDRESS	~~2580 SOUTH OCEAN BLVD., #2A2~~		
CITY-ST-ZIP	~~PALM BEACH, FL 33480~~		
DOCUMENT #		STREET ADDRESS	
NAME	SPARKS, REBECCA ANN		
STREET ADDRESS	317 OGDEN AVE.	CITY-ST-ZIP	
CITY-ST-ZIP	TEANECK, NJ 07666		
DOCUMENT #		STREET ADDRESS	14266 Rolling Rock Place
NAME	SPARKS, HAROLD N TRUSTEE		
STREET ADDRESS	~~2580 SOUTH OCEAN BLVD., #2A2~~	CITY-ST-ZIP	Wellington Fl. 33414
CITY-ST-ZIP	~~PALM BEACH, FL~~ 33480		
DOCUMENT #		STREET ADDRESS	320 Silverlode Dr
NAME	SPARKS, CYNTHIA SUSAN		
STREET ADDRESS	~~P.O. BOX 3050~~	CITY-ST-ZIP	Aspen CO 81611
CITY-ST-ZIP	~~ASPEN, CO 816~~12		
DOCUMENT #		STREET ADDRESS	
NAME			000037845680
STREET ADDRESS		CITY-ST-ZIP	06/10/04--01047--009 **88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			000037845680
STREET ADDRESS		CITY-ST-ZIP	06/10/04--01047--010 **437.50
CITY-ST-ZIP			

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: Gretchen Susan Sparks 4/26/04 561 847 5357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000000437

1. Entity Name
SAND DRIFT, LTD.

FILED
04 JUN -4 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
C/O CHECKTRAC, INC. 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	C/O CHECKTRAC, INC. 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803

01202004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3233420
☐ 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
SCHARAR, TOM E C/O CHECKTRAC, INC. 2933 SOUTH FLORIDA AVE., SUITE #4 LAKELAND, FL 33803	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
Manually signed (typed or printed name of registered agent and title if applicable)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	
$10,000,000.00	10,000,000.00	#437.50

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 #	539447		
NAME	CHECKTRAC, INC.	STREET ADDRESS	
STREET ADDRESS	2933 SOUTH FLORIDA AVE., STE. #4	CITY-ST-ZIP	800037845608 06/10/04--01047--007 **437.50
CITY-ST-ZIP	LAKELAND, FL 33803		
DOCUMENT #		STREET ADDRESS	800037845608
NAME		CITY-ST-ZIP	06/10/04--01047--008 **8.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800037845608
NAME		CITY-ST-ZIP	06/10/04--01047--008 **37.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: X Tom E Scharar 4-29-4 863-687-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #