


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000001688		
1. Entity Name SUNDAYS WELL PARTNERS LTD.		

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

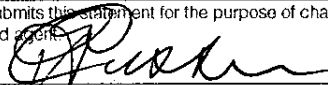


Principal Place of Business 5772 VISTA LINDA LANE BOCA RATON, FL 33433	Mailing Address 5772 VISTA LINDA LANE BOCA RATON, FL 33433
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02282004	Chg-LP	CR2E003 (10/03)	3/17
4. FEI Number 65-0865727		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOGARTY, WILLIAM 370 WEST CAMINO GARDENS BLVD., STE 206 BOCA RATON, FL 33432		Name HENRY CUSSEN Street Address (P.O. Box Number is Not Acceptable) 5772 VISTA LINDA LANE City BOCA RATON FL Zip Code 33433	

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 3/11/04 HENRY CUSSEN

9. Capital Contributions as Shown on record. \$28,450.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	BATON DEVELOPMENT CORPORATION	STREET ADDRESS	
NAME	5772 VISTA LINDA LANE	CITY-ST-ZIP	500031855485
STREET ADDRESS	BOCA RATON, FL 33433		04/05/04--01014--002 **231.75
CITY-ST-ZIP		STREET ADDRESS	
		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)(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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE 3/11/04	DAYTIME PHONE # 561 7880055
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HENRY CUSSEN PRES
OF BATON DEVELOPMENT CORP
GEN PARTNER.

STAPLE CHECK HERE