

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

**DOCUMENT # A98000001710**

1. Entity Name  
**SARAH P. WILLIAMS, LTD.**



Principal Place of Business  
**1795 LINCOLN PARK CIRCLE  
SARASOTA, FL 34236**

Mailing Address  
**P.O. BOX 5397  
SARASOTA, FL 34277**

2. Principal Place of Business

3. Mailing Address



02132004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0850429**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COLBY, FREDERICK J  
1795 LINCOLN PARK CIRCLE  
SARASOTA, FL 34236**

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

Signature typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. **\$20,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **20,000,000.00**

**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  
**COLBY, FREDERICK J  
1795 LINCOLN PARK CIRCLE  
SARASOTA, FL 34236**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COLBY, BENJAMIN N  
425 CANTON AVENUE  
MILTON, MA 02186**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PIERCE, SARAH ROB C  
P.O. BOX 977  
RYE, NY 10580**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**UD00000160222  
05/13/04-80012-013 526.25**

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

**Benjamin N. Colby**

**4/29/04**

Date

**949-376-1496**

Daytime Phone #

STAPLE CHECK HERE