

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 24 PM 1:36

TALLAHASSEE FLORIDA

MJH



01092004 Chg-LP CR2E003 (10/03) 5/24

4. FEI Number 58-2426014 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CALLAHAN, W. SCOTT ESQ.
 C/P STUMP, STOREY & CALLAHAN, P.A.
 37 NORTH ORANGE AVE., SUITE 200
 ORLANDO, FL 32801

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: \$920,292.00
 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

DOCUMENT # P98000065258
 NAME INDIAN SUNBURST REALTY CORP.
 STREET ADDRESS 2250 AVENIDA DEL VERA
 CITY-ST-ZIP N. FT. MYERS, FL 33917

13. ADDRESS CHANGES ONLY

STREET ADDRESS 12800 University Dr., Ste 400
 Fort Myers, FL 33907
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
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STREET ADDRESS
 CITY-ST-ZIP 200037869672
 06/11/04-01031-013 **526.25

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 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

SIGNATURE: *[Signature]* 4/29/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE