


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 MAR 31 AM 9:59

DOCUMENT # A98000001858 1. Entity Name TRICONY SARASOTA, LTD.	
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Principal Place of Business C/O RICK TORRES 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480	Mailing Address C/O RICK TORRES 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480
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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

02242004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0856099	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MICHAEL TORRES C/O TRICONY MGT., LLC 313 1/2 WORTH AVE., STE. 111 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
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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. \$3,636,900.00	10. Amount of Capital Contributions in FLORIDA to date. 3,726,900.00
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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 #	P98000067485	STREET ADDRESS	
NAME	TRICONY SARASOTA CORP.	CITY-ST-ZIP	500032836735
STREET ADDRESS	313 1/2 WORTH AVENUE, SUITE B-1		04/15/04 01010 030 **526.25
CITY-ST-ZIP	PALM BEACH, FL 33480	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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

**SIGNATURE:**  **3-19-04** (561)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE