


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
520 **APR 23, 2004 08:00 AM**
Secretary of State

DOCUMENT # A9800002691

1. Entity Name
SORKIN EDGEWATER, LTD.



Principal Place of Business
**4721 UNIVERSITY DR
CORAL GABLES FL 33146**

Mailing Address
**C/O R & S MGMT
5821 REDDMAN RD
CHARLOTTE NC 28212**



MOORE CR2E003 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0889792** Applied For
Not Applicable

Zip Country Zip Country

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

**SORKIN, LAWRENCE R
4721 UNIVERSITY DRIVE
CORAL GABLES FL 33146**

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. **\$3,960,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **P98000099380**
NAME **E.W. GROUP, INC.**
STREET ADDRESS **4721 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

STREET ADDRESS
CITY-ST-ZIP **000000144733
05/03/04 00001-007 526.25**

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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: *Lawrence R Sorkin* VP **SORKIN** 4/16/04 704/532-0258
Date Daytime Phone #