



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

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001490</b>					
<b>1. Entity Name</b> MAINSAIL INVESTMENTS LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 7401 LOUISBURG ROAD RALEIGH, NC 27616			<b>Mailing Address</b> 7401 LOUISBURG ROAD RALEIGH, NC 27616		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 56-2156344	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TURNER, SUSAN K 6033 34TH STREET W. #56 BRADENTON, FL 34205			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		\$485.00	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P99000079696 MANHATTEN MANAGEMENT, INC. 7401 LOUISBURG ROAD RALEIGH, NC 27604		STREET ADDRESS CITY - ST - ZIP	000000132357 04/29/04-80078-005 141.25	
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<b>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.</b>					
<b>SIGNATURE</b> 			SUSAN FOSTER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 4-19-04 Daytime Phone #: 919-608-1330		

STAPLE CHECK HERE