
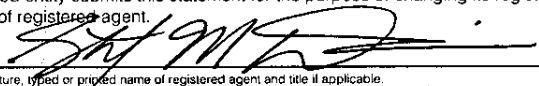
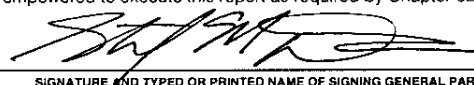


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**Jul 16, 2004 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # A99000001582</b> 1. Entity Name <b>SANTA FE POINTE LTD.</b>			
Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY, FL 32669		Mailing Address 20721 S.W. 46TH AVE. NEWBERRY, FL 32669	
2. Principal Place of Business 20725 SW 46th Ave Suite, Apt. #, etc.		3. Mailing Address 20725 SW 46th Ave Suite, Apt. #, etc.	
City & State Newberry FL 32669 Zip Country 32669 US		City & State Newberry FL Zip Country 32669 US	
4. FEI Number 62-1795194		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DAVIS, NORITA V. 20721 S.W. 46TH AVENUE NEWBERRY, FL 32669	
7. Name and Address of New Registered Agent Name: Stefan M. Davis Street Address (P.O. Box Number is Not Acceptable): 20725 SW 46th Ave City: Newberry FL Zip Code: 32669		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: 7/19/04	
9. Capital Contributions as Shown on record: \$100.00		10. Amount of Capital Contributions in FLORIDA to date: \$550.00	
<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 #	A95000000823	STREET ADDRESS	20725 SW 46th Ave
NAME	DAVIS HERITAGE LTD.	CITY-ST-ZIP	Newberry FL 32669
STREET ADDRESS	5700 S.W. 34TH STREET, SUITE 1307	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	300039865583
CITY-ST-ZIP		CITY-ST-ZIP	08/04/04--01030--017 **550.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		DATE: 7/19/04 DAYTIME PHONE #: 352-472-7773	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE DAYTIME PHONE #	

STAPLE CHECK HERE

MJH



07152004 Chg-LP CR2E003 (10/03) 7/19