


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000269	
1. Entity Name SAFE HARBOR MGMT. LP	

Principal Place of Business 33920 US HWY. 19 N, SUITE 150 PALM HARBOR, FL 34684	Mailing Address 33920 US HWY. 19 N, SUITE 150 PALM HARBOR, FL 34684
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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



01302004 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2466527	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
TANELLA, DEAN G 33920 US HWY. 19 N, SUITE 150 PALM HARBOR, FL 34684	

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. \$1.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F01000003485	STREET ADDRESS	
NAME	SAFE HARBOR CAPITAL CORP.	CITY-ST-ZIP	
STREET ADDRESS	33920 US HWY. 19 N, SUITE 150		
CITY-ST-ZIP	PALM HARBOR, FL 34684		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/15/04-80047-018 141.25

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 820, Florida Statutes

SIGNATURE:  Dean G. Tanella 1/30/04 722-787-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE