


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000038 1. Entity Name SEBRING CAPITAL PARTNERS, LIMITED PARTNERSHIP					
Principal Place of Business 4000 INTERNATIONAL PKWY STE 3000 CARROLLTON, TX 75007			Mailing Address 4000 INTERNATIONAL PKWY STE 3000 CARROLLTON, TX 75007		
2. Principal Place of Business Suite, Apt. # etc.			3. Mailing Address Suite, Apt. # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-2959938	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$500.00			10. Amount of Capital Contributions in FLORIDA to date. 500.00		
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 # F02000000068 NAME NEALMIKELANCE CORPORATION ✓ STREET ADDRESS 4000 INTERNATIONAL PKWY STE 3000 CITY-ST-ZIP CARROLLTON, TX 75007				STREET ADDRESS CITY-ST-ZIP 000000082735 03/10/04-80008-022 141.25	
DOCUMENT # F02000000710 NAME SEBRING CAPITAL CORPORATION ✓ STREET ADDRESS 4000 INTERNATIONAL PKWY STE 3000 CITY-ST-ZIP CARROLLTON, TX 75007				STREET ADDRESS CITY-ST-ZIP	
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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: _____ Michael L. Brown EVP 2/18/04 972-862-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Daytime Phone #</small>					
NealMikelance Corp Managing General Partner					

STAPLE CHECK HERE