


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000238

1. Entity Name
SAHARA CAPITAL MANAGEMENT GROUP L.P.



Principal Place of Business Mailing Address
2020 W. FAIRBANKS AVE., STE. 210 **2020 W. FAIRBANKS AVE., STE. 210**
WINTER PARK, FL 32789 **WINTER PARK, FL 32789**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
04-3642296 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEYLER, JEFFREY P
2020 W. FAIRBANKS AVE., STE. 210
WINTER PARK, FL 32789

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 **\$30,000.00** 10. Amount of Capital Contributions in FLORIDA to date

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 #	P00000106514	STREET ADDRESS	
NAME	SAHARA TRADING CO.	CITY-ST-ZIP	
STREET ADDRESS	2020 W. FAIRBANKS AVE.		
CITY-ST-ZIP	WINTER PARK, FL 32789		U000000157624
DOCUMENT #		STREET ADDRESS	05/06/04-80035-001 150.00
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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:  **Jeffrey P. Seyler** **24 Apr 04** **407.645.3933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE