2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

		Due by i	nay i,							
DOCUMENT # B0200000238								FILE		
1. Entity Name SAHARA CAPITAL MANAGEMENT GROUP L.P.							2005 APR 27 PM 4: 51			
Principal Place of Business Mailing Address							Oly i VIO.	N OF CORP	ORATIONS	
					KS AVE., STE. 210		į:ALL	AHASSEE,	FLORIDA	
WINTER PARK	(, FL 32789)	WINTER PARK, FL 32789							
							`11 68 6161611			
2. Principal Pl			3. Mailing A	Mailing Address						
		se Blud.				1 144441 1911 44	NO PIETI ABILI BETIL BETI)	- UISI (-111 0 11 -11 15-11	
500 Apt. #, etc. 150			Suite, Apt. #, etc. City & State			04022005	Chg-LP	CR2E003 (1	· · · · · · · · · · · · · · · · · · ·	
City & State Winter Park FL 32789							4. FEI Number 04-36422	296		Applied For Not Applicable
⁴¹ 32	Zip 32789 Country		Zip Cour		Country	5. Certificate of Status Desired Fee Requirements		5 Additional Required		
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Registered Agent				
CEVLED I	IECEDEV I	D			Na	Name				
SEYLER, J 2020 W. FA		S AVE., STE. 210			Street Address (P.O. Box Number is Not Acceptable)					
WINTER P					-					
					Cit	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 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										·
12.	GENERAL PARTNER INFORMATION P00000106514					1		ADDRESS CHA	ANGES ONL!	
NAME		TRADING CO.		STREE						
STREET ADDRESS				спу		P			 20041	n
CITY-ST-ZIP	***************************************						<u> </u>	US - 01074		:238.75 -
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14. I hereby certify that the information supplied with this filling 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:										