


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:21

DOCUMENT # B03000000407 1. Entity Name SANDLAND ROLLOFFS, L.P.					
Principal Place of Business 2533 N. CARSON STREET CARSON CITY, NV 89706			Mailing Address PO BOX 290639 PORT ORANGE, FL 32129		
2. Principal Place of Business <u>5920 N. Florida Avenue</u>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Hernando, FL</u>		City & State		4. FEI Number 58-2591482	
Zip <u>34442</u>		Country <u>Citrus</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HART, JANICE G 3032 S. PENINSULA DR. DAYTONA BEACH SHORES, FL 32118			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,000.00			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 #	F03000006026		STREET ADDRESS		
NAME	EDGEMERE PROPERTIES, INC.		CITY - ST - ZIP		
STREET ADDRESS	2533 N. CARSON STREET				
CITY - ST - ZIP	CARSON CITY, NV 89706				
DOCUMENT #			STREET ADDRESS		
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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 620, Florida Statutes					
SIGNATURE: <u>Charles W. Teulon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>2/11/05</u>		Daytime Phone # <u>(386) 763-1300</u>

STAPLE CHECK HERE