## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

200-	Due By September 8, 2004					FILED			
DOCUI 1. Entity Nam ROSEY R			04 SEP 29 PM 3: 15						
Principal Plac 12200 WEST WINTER GARI	DRIVE #302 786		SECRETARY OF STATE TALLAHASSEE, FLORIDA			PRIDA			
12200 6	2. Principal Place of Business  12200 W COLUWIAL DR  Suite, Apt. #, etc.  Suite, Apt. #, etc.				######################################				
City & Stat	203 • =	#2c3	#2c3 City & State			Chg-LP	CR2E003	Applied For	
2ip			GARDEN, FL.		72- [5. Certificate of	\$\frac{3731}{\text{Status Desired}}		Not Applicable  8.75 Additional	
347	6. Name and Address of Current	J4/80	05/1			ddress of New Re	— Fe	e Required	
WINTER GARDEN, FL 34700					N R. K P.O. Box Number O COLON			₫3	
8. The above named entity submits this statement for the purpose of changing its registered office or register					R GARDS ed agent, or both,	in the State of Flor	FL ida. I am far	34786	
The obligations of registered agent,  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  PARTNER SRK MANAGENERY, LLC DATE  DATE								/04	
9. Capital Contributions as Shown on record. \$587,041.00 10. Amount of Capital Contributions in FLORIDA to date.					,	In accordance the limited par prior notice.		7.193(2)(b), F.S., id not receive the	
	NOTE: General Partners MA					to change a ge	neral partn		
12.						ADDRESS CHA			
NAME STREET ADDRESS CITY-ST-ZIP	SRK MANAGEMENT, LLC 12200 WEST COLONIAL DRIVE	STREET ADDRESS CITY-ST-ZIP		200 W-CULOWIAL DR, #203 WIER GARDEN, FL 34786					
DOCUMENT /	WINTER GARDEN, FL 34786		STREET ADDRESS	<u> 4717</u>	UYWR YT	TRARIV; I		<u> </u>	
NAME STREET ADDRESS			CITY-ST-ZIP				·		
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CITY-ST-ZIP	certify that the information supplied with	a this filing does not qualify for	CITY-ST-ZIP	ted in Se	ection 119.07(3)(i).	Florida Statutes. I	further certify	that the information	
214. 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:  SIGNAT									
ITS GENELAL PARTUEL SAK AMMAGINENT, LLC.									