## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## Mar 08, 2004 08:00 AM Secretary of State DOCUMENT # B9600000009 FP BROGAN - SANIBEL ISLAND LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 2865 WILDERNESS PLACE BOULDER CO 80301 2865 WILDERNESS PLACE BOULDER CO 80301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 65-0622574 Not Applicable \$8.75 Additional Zip Country Zιρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROGAN, SCOTT 4606 TRAILS DRIVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34232 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 Synature typed or printed name of registered agent and time if applicable. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$4,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ACCRESS BROGAN, SCOTT 8466 N LOCKWOOD RIDGE ROAD #243 STREET ADDRESS CITY-ST-7IP SARASOTA FL 34243 CITY-ST-78P <del>93/17/04 80001 012 141.25</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-71P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with his 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 exacute this report as required by Chapter 620, Florida Statutes

**FILED** 

1-380-4478