


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

**FILED
Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # B98000000160			
1. Entity Name SDG DEVELOPMENT COMPANY LIMITED PARTNERSHIP			
Principal Place of Business 115 WEST WASHINGTON STREET, STE 1450-E INDIANAPOLIS IN 46204		Mailing Address P.O. BOX 7066-TAX DEPT. INDIANAPOLIS IN 46207	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____	
9. Capital Contributions as Shown on record. \$250.00		10. Amount of Capital Contributions in FLORIDA to date. 250.00	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	F98000001516	STREET ADDRESS	
NAME	SDG ACQUISITIONS, INC.	CITY-ST-ZIP	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 15-E		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		
DOCUMENT #		STREET ADDRESS	U00000133476
NAME		CITY-ST-ZIP	04/27/04-80088-011 141.25
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CITY-ST-ZIP			



MOORE CR2E003 (11/03)

4. FEI Number 35-2043772 Applied For Not Applicable

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

STAPLE CHECK HERE

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: *[Signature]* Date: 4/6/04 Dav/Phone # 317-263-2325