


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

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

<b>DOCUMENT # B98000000647</b>	
1. Entity Name <b>SUNDANCE-TURTLE CREEK LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>10200 W FISHBOWL DRIVE HOMOSASSA SPRINGS FL 34448</b>	Mailing Address <b>400 W. MAPLE SUITE 250 BIRMINGHAM AL 48009</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. # etc
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>38-3440909</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BARTON, ROBERT E 10200 W. FISHBOWL DRIVE HOMOSASSA FL 34448</b>
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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
Signature, typed or printed name of registered agent and title if applicable	
9. Capital Contributions as Shown on record. <b>\$600,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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 #	NAME	STREET ADDRESS	
STREET ADDRESS	<b>BAYER, ROBERT B</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>400 WEST MAPLE, SUITE 250 BIRMINGHAM MI 48009</b>		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: <i>Robert Bayer</i>	3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date
	Daytime Phone #