

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007


FILED

2007 AUG -8 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07262007 Chg-LP CR2E003 (12/06)

DOCUMENT # B99000000127					
1. Entity Name SLD-SARASOTA, L.P.					
Principal Place of Business 6640 POWERS FERRY ROAD, SUITE 100 ATLANTA, GA 30339			Mailing Address 6640 POWERS FERRY ROAD, SUITE 100 ATLANTA, GA 30339		
2. Principal Place of Business - No P.O. Box # 7251 N. Tamiami Trail			3. Mailing Address 6640 Powers Ferry Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State SARASOTA, Florida			City & State Atlanta, Georgia		
Zip 34243	Country USA	Zip 30339	Country USA	4. FEI Number 58-2447225	
6. Name and Address of Current Registered Agent LOZOFF, MICHAEL HERZFELD & RUBEN 801 BRICKELL RD., SUITE 1501 MIAMI, FL 33131				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.					
<p align="center">FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will be \$1000.00</p> <p align="center">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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M99000000391		STREET ADDRESS		
NAME	SLD PROPERTIES, LLC		CITY-ST-ZIP	200109404218	
STREET ADDRESS	6640 POWER FERRY ROAD, SUITE 100			08/22/07--01009--007 **900.00	
CITY-ST-ZIP	ATLANTA, GA 30339				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0199

STAPLE CHECK HERE