


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # B99000000127 1. Entity Name SLD-SARASOTA, L.P.	
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Principal Place of Business 7251 N TAMiami TRAIL SARASOTA, FL 34243	Mailing Address 6445 POWERS FERRY ROAD SUITE 100 ATLANTA, GA 30339
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

08 JUL 18 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092008 Chg-LP CR2E003 (12/06)

4. FEI Number 58-2447225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 <u>Michael Lozoff</u> Street Address (P.O. Box Number is Not Acceptable) <u>2525 Ponce DE LEON Blvd</u> <u>Ste 400</u> City <u>Miami</u> FL Zip Code <u>33134</u>
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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 [Signature] DATE 7/9/2008

Signature, typed or printed name of registered agent, and date if applicable DATE

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, Fee will be \$1000.00

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 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
M99000000391 SLD PROPERTIES, LLC 6640 POWER FERRY ROAD, SUITE 100 ATLANTA, GA 30339	6445 Powers Ferry Rd, Ste 100 Atlanta, Ga 30339
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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] DATE 7/9/2008 Daytime Phone # 770-952-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE