

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90073 037 ***150.00

DOCUMENT # P02000065792 1. Entity Name SANCTUARY LANE DEVELOPMENT PARTNERS I, INC.					
Principal Place of Business 464 ADDISON PK LN BOCA RATON, FL 33432			Mailing Address 464 ADDISON PK LN BOCA RATON, FL 33432		
2. Principal Place of Business 1181 S. ROGERS CIRCLE SUITE 31		3. Mailing Address 1181 S. ROGERS CIRCLE SUITE 31			
City & State BOCA RATON, FL 33487		City & State BOCA RATON, FL 33487			
Zip 	Country 	Zip 	Country 		
4. FEI Number 03-0458015			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 LEHMAN, BARRY A 464 ADDISON PK LN BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (Please print or type name and address) 1181 S. ROGERS CIRCLE SUITE 3 BOCA RATON, FL 33487 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHAIRMAN AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEHMAN, BARRY A 464 ADDISON PK LN BOCA RATON, FL 33432		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1181 S. ROGERS CIRCLE <input type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 31 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PFENDLER, RICHARD 16415 MIZNER CLUB DR DELRAY BCH, FL 33496		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1181 S. ROGERS CIRCLE <input type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 31 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-15-04 Daytime Phone # 5619881267		

94068064



01192004 Chg-P CR2E034 (10/03)