
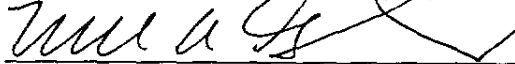


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001426							
1. Entity Name BERMUDA ESTATES ASSOCIATES, LTD.							
Principal Place of Business 1515 N FEDERAL HWY., STE 306 BOCA RATON, FL 33432			Mailing Address 1515 N FEDERAL HWY., STE 306 BOCA RATON, FL 33432				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3670309			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COLEY, RICHARD T SR. 2412 W. COUNTRY CLUB AVENUE TAMPA, FL 33611			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$2,000,002.00		10. Amount of Capital Contributions in FLORIDA to date.					
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 #	P99000032665		STREET ADDRESS				
NAME	CCM ADVISORS, INC.		CITY-ST-ZIP				
STREET ADDRESS	2412 W. COUNTRY CLUB AVENUE						
CITY-ST-ZIP	TAMPA, FL 33611						
DOCUMENT #			STREET ADDRESS	000000159231 05/10/04-80021-013 526.25			
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 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: 			4/30/04 (561) 750-1030				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #		

STAPLE CHECK HERE

Mark A. Gensheimer, President
 Penn-Florida Venture VII, Inc., General Partner