


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # A01000000799</b>					
<b>1. Entity Name</b> GOLF TERRACE COMMERCIAL, LTD.					
<b>Principal Place of Business</b> 3801 PGA BLVD SUITE 508 C/O DARYL CRAMER & ASSOCIATES, P.A. PALM BEACH GARDENS, FL 33410-2758			<b>Mailing Address</b> 3801 PGA BLVD SUITE 508 C/O DARYL CRAMER & ASSOCIATES, P.A. PALM BEACH GARDENS, FL 33410-2758		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		03102004    Chg-LP    CR2E003 (10/03)
<b>6. Name and Address of Current Registered Agent</b>  DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD STE. 508 PALM BEACH GARDENS, FL 33410				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
<b>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</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions</b> as Shown on record.    \$1,000,000.00			<b>10. Amount of Capital Contributions</b> in FLORIDA to date.    \$1,000,000.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP	P95000067184 GOLF TERRACE GENERAL PARTNER, INC. 3801 PGA BOULEVARD STE. 508 PALM BEACH GARDENS, FL 334102758		STREET ADDRESS  CITY - ST - ZIP	0000000159733 05/10/04-80043-010 535.00	
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS  CITY - ST - ZIP		
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<b>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</b>					
By: <u>Golf Terrace General Partner, Inc.</u> <u>MARCH 31/04</u>					
<b>SIGNATURE:</b>			_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		
			_____ <small>Date</small>		
			_____ <small>Daytime Phone #</small>		

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