

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED
 04 APR -9 PM 4:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03000001685		
1. Entity Name GLF INVESTMENT PARTNERSHIP, LLLP		

Principal Place of Business 1364 LANDINGS DRIVE SARASOTA, FL 34231	Mailing Address 1364 LANDINGS DRIVE SARASOTA, FL 34231
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04072004 Chg-LP CR2E003 (10/03)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSTARD, R. DAVID 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236		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.

9. Capital Contributions as Shown on record. \$133,000.00	10. Amount of Capital Contributions in FLORIDA to date. 133,000
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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 #	P03000139769	STREET ADDRESS	
NAME	GLF INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1364 LANDINGS DRIVE		
CITY-ST-ZIP	SARASOTA, FL 34231		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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: <u>Marjorie A. Floyd</u>	Date: <u>4/07/04</u>	Daytime Phone #: <u>(941) 927-1449</u>
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