


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 27 PM 3:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

MJH

DOCUMENT # A12576	
1. Entity Name EAGLE LAKE, LTD.	

Principal Place of Business 2638-5 STATE RD. 21 MELROSE, FL 32666	Mailing Address P.O. BOX 186 MELROSE, FL 32666
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03162004 Chg-LP CR2E003 (10/03) **4/27**

City & State	City & State
Zip	Country

4. FEI Number 59-2267288	Applied For Not Applicable
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6. Name and Address of Current Registered Agent CONDOR PROPERTIES MANAGEMENT, INC. 2638-5 STATE RD. 21 MELROSE, FL 32666	
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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: _____	9. Capital Contributions as Shown on record. \$130,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SABIS, WILLIAM R. (KORDEX)		
STREET ADDRESS	2638-5 STATE RD. 21		
CITY-ST-ZIP	MELROSE, FL 32666		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
			100036931721
STREET ADDRESS			05/19/04--01049--025 **376.25
CITY-ST-ZIP			100036931721
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
			05/19/04--01049--026 **158.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			

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:  **3/29/04 352 475-9326**

 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING GENERAL PARTNER