

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 11 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A15135

1. Entity Name

GULF TO LAKES ASSOCIATES LTD.



Principal Place of Business

1506 N. MEADOWCREST BLVD.
CRYSTAL RIVER, FL 34429

Mailing Address

P.O. BOX 10000
CRYSTAL RIVER, FL 34423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-LP

CR2E003 (10/03)

4. FEI Number

02-0372578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STILLWELL, CLARK A
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$15,291,627.62

10. Amount of Capital Contributions
in FLORIDA to date.

\$15,291,627.62

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

DOCUMENT # G83483
NAME GULF TO LAKES REAL ESTATE, INC.
STREET ADDRESS PO BOX 10,000
CITY-ST-ZIP CRYSTAL RIVER, FL 34423

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700036068557
05/11/04--01080--011 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stanley C. Olsen

Date

Daytime Phone #

4/30/04 352-746-4000

STAPLE CHECK HERE