


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 JAN 29 PM 4:18

**DOCUMENT # A24552**

1. Entity Name  
**PALMETTO CLUB PROPERTIES LIMITED PARTNERSHIP**



Principal Place of Business: 117 MANLY ST., STE. 200 GREENVILLE, SC 29601  
 Mailing Address: 117 MANLY ST., STE. 200 GREENVILLE, SC 29601

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01152004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-0845264		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  
**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS ST  
 SUITE 105  
 TALLAHASSEE, FL 32301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,262,798.00</b>	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 #	TUCK, N. BARTON, JR.	STREET ADDRESS	
NAME	3 ANTHONY PLACE	CITY-ST-ZIP	
STREET ADDRESS	GREENVILLE, SC 29605		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000027901940
NAME		CITY-ST-ZIP	01/29/04--01074--018 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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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 correct, 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]* Date: 1/15/04 Daytime Phone #: 844-072-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER