


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

**FILED
Mar 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # A25413			
1. Entity Name ARMADA-KEY WEST LIMITED PARTNERSHIP			
Principal Place of Business 619 FRONT STREET KEY WEST, FL 33040		Mailing Address 619 FRONT STREET KEY WEST, FL 33040	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, ROY B. 1510 SOUTH TUTTLE AVE. SARASOTA, FL 34239		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. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	
	SMITH, ROY B.		
STREET ADDRESS	1510 S.W. TUTTLE AVE.	CITY - ST - ZIP	
CITY - ST - ZIP	SARASOTA, FL 34239		
DOCUMENT #	NAME	STREET ADDRESS	
	P93000009007 TRUDO LETSCHERT ENTERPRISES, INC.		
STREET ADDRESS	1510 SOUTH TUTTLE AVE.	CITY - ST - ZIP	
CITY - ST - ZIP	SARASOTA, FL 34239		
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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: _____		Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # _____	



03042004 Chg-LP CR2E003 (10/03)

4. FEI Number 06-1207000 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE

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03/26/04 60037-012 526.25