

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

**FILED
May 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A32854					
1. Entity Name THE HIDEAWAY MARINA LIMITED PARTNERSHIP					
Principal Place of Business ATTN: PIERRE GAUDREAU 599 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062			Mailing Address 599 S. FEDERAL HWY. POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		State, Apt #, etc.			
City & State		City & State		04282004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0325163	
				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			7. Name and Address of New Registered Agent		
MASTRIANA, F. RONALD 1500 NORTH FEDERAL HIGHWAY STE. 200 FORT LAUDERDALE, FL 33304			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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$792,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$792,000		Filing Fee \$526.25	
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 #	V21204		STREET ADDRESS		
NAME	THE HIDEAWAY MARINA, INC.		CITY-ST-ZIP		
STREET ADDRESS	599 S. FEDERAL HIGHWAY				
CITY-ST-ZIP	POMPANO BEACH, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: <i>Pierre Gaudreau</i> General Partner			4/29/04 (954) 943-3200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

