



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04222005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 65-0325163	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MASTRIANA, F. RONALD 1500 NORTH FEDERAL HIGHWAY STE. 200 FORT LAUDERDALE, FL 33304			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 _____ <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.			
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	V21204 THE HIDEAWAY MARINA, INC. 599 S. FEDERAL HIGHWAY POMPANO BEACH, FL		STREET ADDRESS CITY - ST - ZIP	U00000363778 05/06/05 00013 611 535.00	
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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)(f), 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: Pierre Gaudreau PIERRE GAUDREAU 4-25-05 954-943-3200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #</small>					

STAPLE CHECK HERE