


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

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

<b>DOCUMENT # A95000001401</b>	
1. Entity Name GEM ISLAND INVESTMENT LIMITED PARTNERSHIP	

Principal Place of Business C/O GEM ISLAND INVESTMENT, LP 3399 PGA BLVD., STE. 260 PALM BEACH GARDENS, FL 33410	Mailing Address 3399 PGA BLVD., STE. 260 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01162004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0607868	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
STONE, HELEN E 3399 PGA BLVD., SUITE 260 PALM BEACH GARDENS, FL 33410	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. \$7,170,267.31	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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000071596 GEM ISLAND INVESTMENT, INC. 3399 PGA BLVD., STE. 260 PALM BEACH GARDENS, FL 33410	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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: *Raven Gooden, LP*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

*Gem Island Invest. Inc.*