

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 13, 2004 08:00 AM
Secretary of State**

DOCUMENT # A95000002018			
1. Entity Name FLORIDA RESORT MANAGEMENT, LTD.			
Principal Place of Business 1677 COLLINS AVENUE MIAMI FL 33139		Mailing Address C/O MILLER & WEBNER, P.A. P.O. BOX 266947 WESTON FL 33326-6947	
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	
MILLER, REBECCA M ESQ. C/O MILLER & WEBNER, P.A. 2442 POINCIANA COURT WESTON FL 33327		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 title if applicable.</small>			
9. Capital Contributions as Shown on record. \$22,900,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P95000096194	STREET ADDRESS	
NAME	FLORIDA RESORT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1677 COLLINS AVENUE		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			



MOORE CR2E003 (11/03)

4. FEI Number **65-0649560** Applied For Not Applicable

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

U00000120172
04/20/04 00000 010 526-25

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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Rebecca Miller

MAY 23 04

(954) 385-9030

Date: _____ County Phone # _____