2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002327

1. Entity Name
GOLFER PROPERTIES, LTD.

Principal Place of Business	Mailing Address
2514 HOLLYWOOD BLVD. SUITE #508 HOLLYWOOD, FL 33020	2514 HOLLYWOOD BLVD. SUITE #508 HOLLYWOOD, FL 33020
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

02032004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0791502 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLLAND, FRANK 2514 HOLLYWOOD BLVD. SUITE #508 HOLLYWOOD, FL 33020	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

9. Capital Contributions as Shown on record	$500.00	10. Amount of Capital Contributions in FLORIDA to date	500.00

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 #	P97000092392	STREET ADDRESS	
NAME	GOLFER PROPERTIES, INC.		
STREET ADDRESS	2514 HOLLYWOOD BLVD., STE. 508	CITY ST ZIP	000000114288 04/15/04-80042-010 141.25
CITY ST ZIP	HOLLYWOOD, FL 33020		
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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)(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 — Date — Daytime Phone #