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

**FILED**
**Apr 27, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # A01000000916

1. Entity Name
CAUSEWAY ISLAND PROPERTIES, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 4500 PGA BOULEVARD, SUITE 207<br>PALM BEACH GARDENS, FL 33418 | 4500 PGA BOULEVARD, SUITE 207<br>PALM BEACH GARDENS, FL 33418 |

02202004 Chg-LP CR2E003 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc | Suite, Apt #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1119903 ☐ 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 |
|---|---|
| GALUI, JUDITH M<br>4500 PGA BOULEVARD, SUITE 207<br>PALM BEACH GARDENS, FL 33418 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. | $5,445,000.00 | 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 # | L99000003526 | STREET ADDRESS | |
| NAME | PERPETUITIES TRUST HOLDINGS, LLC | CITY-ST-ZIP | |
| STREET ADDRESS | 4500 PGA BOULEVARD, SUITE 207 | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | |
| DOCUMENT # | | STREET ADDRESS | U00000147096 |
| NAME | | CITY-ST-ZIP | 05/03/04-80091-024 525.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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:** Diane Stephanos 4-8-04 561/691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Diane Stephanos