2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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FILED May 04, 2004 08:00 AM Secretary of State

1. Entity Nam	NENT # A30665 RRACE, LTD.					Secret	ary of State
Principal Place of Business C/O DARYL B. CRAMER & ASSOC., P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDEN S, FL 33410-2758 Mailing Address C/O DARYL B. CRAMER & 3801 PGA BLVD SUITE 5 PALM BEACH GARDEN S,			ITE 508	-,-			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc		Suite: Apt. #, etc.		03032004 Chg-LP	CR2	E003 (10/03)	
City & State		City & State		<u></u>	4. FEI Number 65-0663136		Applied For Not Applicable
Zip	Country Zip		Cour	ntry	5. Certificate of Status Des	sired XX	\$8.75 Additional Fee Required
	6. Name and Address of Curren	Registered Agent		Name	7. Name and Address of	New Registered	i Agent
DARYL B. CRAMER & ASSOCIATES, P.A.					s (P.O. Box Number is Not Acceptable)		
	BOULEVARD STE. 508 ACH GARDENS, FL 33410			Gircel Address (1.0. Dox Hamber to Not About	pidoloy	
				City		F	Zip Code
8. The above	named entity submits this statement f	or the purpose of changing	g its register	red office or register	red agent, or both, in the State		(
the obligations of registered agent.							
SIGNATURE Signature typed or printed name of registered agent and title if applicable DATE							
9. Capital Contributions as Shown on record. \$500,000.00 In FLORIDA to date. \$500,000.00							
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 #	# P0100058923 GOLF TERRACE SPECIAL, INC.			EET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CIT	Y ST ZIP			
DOCUMENT #	FALNI BEACH GARDENS, FE	334102738	SIB	HEET ADDRESS	סט	00001597	32 3-009 535.00
NAME STREET ADDRESS - CITY ST ZIP			l	Y-S1-2IP	05,/10	<u>/04-8004</u>	3-009 535.00
DOCUMENT #			STR	REET ADORESS			
STREET ADDRESS CITY - ST - ZIP			CITY	Y · ST · ZIP			
DOCUMENT # NAME			STA	REET AUDPESS			
STREET ADDRESS CITY ST-ZIP			CIT	Y-ST-ZIP			
DOCUMENT#			STR	REET ADURESS		,	
STREET AUDRESS CITY-ST-ZIP			Cit	Y·SI-ZIP			
DOCUMENT #			SIF	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y-Si ZIP			
14. I hereby certify that the information supplied with this filling 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 Golf Perspace Specially Inc.							
SIGNATURE: By: MARCH SYCH SIGNATURE AND TIPED OR BENNTED NAME OF SIGNING GENERAL PARTNER Date Date							