


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4: 04

DOCUMENT # A00000000560	
1. Entity Name TURNBERRY WOODS AT THE STRAND LIMITED PARTNERSHIP	

Principal Place of Business 4770 ALBERTON COURT, #2602 NAPLES, FL 34105	Mailing Address 4770 ALBERTON COURT, #2602 NAPLES, FL 34105
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



02142004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3635503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BATEMAN & MARTIN DEVELOPMENTS, INC. 4770 ALBERTON COURT, #2602 NAPLES, FL 34105	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

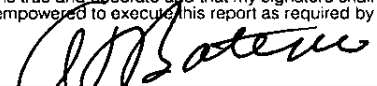
9. Capital Contributions as Shown on record. \$600,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$600,000.00
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners 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 #	P98000101421	STREET ADDRESS	100031188241 03/25/04 01032 015 **526.25
NAME	BATEMAN & MARTIN DEVELOPMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	4770 ALBERTON COURT, #2602	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: 3.1.04 DAYTIME PHONE: 239.430.1012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER