


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

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000756			
1. Entity Name SWORDFISH INVESTMENTS, LTD.			
Principal Place of Business C/O MR. AND MRS. LESLIE W. LEECH P.O. BOX 783 619 ISLAND DRIVE KEY LARGO FL 33037		Mailing Address C/O MR. AND MRS. LESLIE W. LEECH P.O. BOX 783 619 ISLAND DRIVE KEY LARGO FL 33037	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent M & W AGENTS, INC. BOCA CORPORATE CENTER 2101 CORPORATE BLVD SUITE 107 BOCA RATON FL 33431			
7. Name and Address of New Registered Agent 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$3,000,010.00		10. Amount of Capital Contributions in FLORIDA to date. 90,000.00	
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 # NAME STREET ADDRESS CITY - ST - ZIP	L00000004983 SWORDFISH HOLDINGS, LLC. P.O. BOX 783 619 ISLAND DRIVE KEY LARGO FL 33037	STREET ADDRESS CITY - ST - ZIP	U000000120487 04/20/04-80011-024 526.25
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MOORE CR2E003 (11/03)

4. FEI Number **65-1012190**
Applied For
Not Applicable

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

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: *L. W. Leech* **L. W. LEECH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/04
Date

Daytime Phone #