2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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

941-387-0810

Daytime Phone #

DOCUMENT # A0000001148 1. Entity Name ANCHOR INVESTMENTS OF LONGBOAT KEY, LTD.							Secretary of State			
Principal Place of Susiness Mailing Address 801 LONGBOAT CLUB ROAD 801 LONGBOAT CLUB R LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 342							**			
2. Principal F	ness	ailing Address								
Suite, Apt	#, etc.		s	uste, Apt #, etc.		01152004	Chg-LP	CR2E003	(10/03)	
City & State			0	ity & State		4. FEI Number 65-1036			Applied For Not Applicable	
Zip				Zip Coun		etry	<u> </u>	Status Desired	Fee	. 75 Additional Required
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent			
THOMPSON, SYLVIA M 801 LONGBOAT CLUB ROAD						Street Address (P.O. Box Number is Not Acceptable)				
LONGBOAT KEY, FL 34228										
						City	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										
Signature, typed or printed name of registered agent and title if applicable								1	DATE	
9. Capital Contributions as Snown on record. \$16,821,142.00 in FLORIDA to date. 16,821,142.00										
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.	i, an amendino	ADDRÉSS CHÂNGES ONLY			
DOCUMENT # NAME STREET ADDRESS	ş	19734 HOMPSON ENTER SBOAT CLUB RO	-	ES, INC.		EET ADDRESS				
CITY-ST-ZIP LONGBOAT KEY, FL 34228				<u> </u>	CHY	-ST-ZIP	U00000087292			
DOCUMENT # NAME	ANAE					EET ADDRESS	03/15/04-80005-013 526.25			
STREET ADDRESS CITY-ST-ZIP				<u></u>	CITY	r-ST-ZIP				
DOCUMENT # NAME					SIR	EET ADORESS				
STREET ADDRESS C/TY-S7-ZIP					cm	'-ST-Z/P				
DOCUMENT / NAME					SIR	EET ADDRESS				
STREET ADDRESS CITY+ST-ZIP					CITY	'-\$T-2IP				·
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STREET ADORESS CITY-ST-ZIP					CATY	Y-ST-ZIP				
DOCUMENT # NAME					STR	EET ADDRESS		`		
STREET ADDRESS CITY-ST-ZIP					_ 1	'-ST-ZIP				
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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: Mary Virginia Thompson, President Way Vigural