


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

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001239
1. Entity Name
FLORIDA BAY AT TRACT 20 LIMITED PARTNERSHIP




Principal Place of Business Mailing Address
**3200 BAILEY LANE, SUITE 117
NAPLES FL 34105** **3200 BAILEY LANE, SUITE 117
NAPLES FL 34105**

2. Principal Place of Business 3. Mailing Address
Suite Apt. #, etc. Suite Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

4. FEI Number Applied For
59-3664608 Not Applicable

6. Name and Address of Current Registered Agent
**PASSIDOMO, JOHN
821 5TH AVE., S. #201
NAPLES FL 34102**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record \$1,677,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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 #	P98000093696	STREET ADDRESS	
NAME	FLORIDA BAY PARTNERS, INC.	CITY - ST - ZIP	
STREET ADDRESS	3200 BAILEY LANE, SUITE 117		
CITY - ST - ZIP	NAPLES FL 34105		
DOCUMENT #		STREET ADDRESS	U000000135793
NAME		CITY - ST - ZIP	04/29/04-80003-001 526.25
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STREET ADDRESS			
CITY - ST - ZIP			

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: _____ **4-14-04** **239-643-6767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #