

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

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

**DOCUMENT # A00000001426**

1. Entity Name  
**BERMUDA ESTATES ASSOCIATES, LTD.**



Principal Place of Business  
**1515 N FEDERAL HWY., STE 306  
BOCA RATON, FL 33432**

Mailing Address  
**1515 N FEDERAL HWY., STE 306  
BOCA RATON, FL 33432**



2. Principal Place of Business

3. Mailing Address

01062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3670309**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLEY, RICHARD T SR.  
2412 W. COUNTRY CLUB AVENUE  
TAMPA, FL 33611**

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

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

DATE

9. Capital Contributions  
as Shown on record. **\$2,000,002.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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

DOCUMENT # **P99000032665**  
NAME **CCM ADVISORS, INC.**  
STREET ADDRESS **2412 W. COUNTRY CLUB AVENUE**  
CITY-ST-ZIP **TAMPA, FL 33611**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000000159231**  
**05/10/04-80021-013 526.25**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Mark A. Gensheimer, President**  
**Penn-Florida Venture VII, Inc., General Partner**

**4/30/04 (561) 750-1030**

STAPLE CHECK HERE