


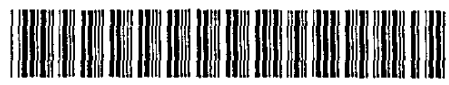
**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A00000001751		
1. Entity Name FULTON HOLDINGS, LTD.		

Principal Place of Business 910 HARBOUR DRIVE KEY BISCAYNE FL 33149	Mailing Address 3125 JACKSON AVE MIAMI FL 33133
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2. Principal Place of Business 3006 AVIATION AVENUE Suite, Apt. #, etc. SUITE 3A City & State COCONUT GROVE, FL Zip 33133	Country U.S.A.	3. Mailing Address 3006 AVIATION AVENUE Suite, Apt. #, etc. SUITE 3A City & State COCONUT GROVE, FL Zip 33133	Country U.S.A.
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FILED
2004 JUN -1 PM 12:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET, 28TH FLOOR MIAMI FL 33131		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.	\$5,813,228.00	10. Amount of Capital Contributions in FLORIDA to date.	5,918,954	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	L00000013704	STREET ADDRESS	3006 AVIATION AVENUE, SUITE 3A
NAME	FULTON ENTERPRISES, LLC	CITY-ST-ZIP	COCONUT GROVE, FL 33133
STREET ADDRESS	910 HARBOUR DRIVE		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: Stanley M. Fulton 5/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #

STAPLE CHECK HERE