


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000001967 1. Entity Name TAMPA BAY ACADEMY, LTD.	
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FILED
 04 APR 16 PM 4:30
 TALLAHASSEE FLORIDA

MJH

Principal Place of Business 75 NE 6TH AVENUE, SUITE 103 DELRAY BEACH, FL 33483	Mailing Address 75 NE 6TH AVENUE, SUITE 103 DELRAY BEACH, FL 33483
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04132004	Chg-LP	CR2E003 (10/03)	4/16
4. FEI Number 65-1062712		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEINSTEIN, NORMAN S 75 NE 6TH AVENUE, SUITE 103 DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center;">300034524649</div> 04/29/04--01007--020 **263.75 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. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$25,000.00	
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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 #	P00000115681	STREET ADDRESS	
NAME	TB ACADEMY, INC.	CITY-ST-ZIP	
STREET ADDRESS	75 NE 6TH AVENUE, SUITE 103		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: *Mama S. [Signature]* 4/14/04 561-278-9292