


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 29 AM 8:34

DOCUMENT # A0100000227	
1. Entity Name WILLIAMSBURG DOWNS S.C., LTD.	

Principal Place of Business 1031 WEST MORSE BLVD., SUITE 333 WINTER PARK, FL 32789	Mailing Address 1031 WEST MORSE BLVD., SUITE 333 WINTER PARK, FL 32789
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2. Principal Place of Business 1964 Howell Branch Rd Suite, Apt. #, etc. ST 110 City & State WINTER PARK FL	3. Mailing Address 1964 Howell Branch Rd Suite, Apt. #, etc. ST 110 City & State WINTER PARK FL
Zip 32792	Country US

03162004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3689419	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 SWANN & HADLEY, P.A. 1031 WEST MORSE BLVD., SUITE 160 WINTER PARK, FL 32789	
7. Name and Address of New Registered Agent Name SWANN & HADLEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD SUITE 350 City WINTER PARK FL Zip Code 32789	

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. \$1,600,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000016254 GLOBAL BUILDING-WILLIAMSBURG CORPORATION 1031 WEST MORSE BLVD., SUITE 250 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	1964 Howell Branch Rd ST 110 WINTER PARK, FL 32792
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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 #

STAPLE CHECK HERE