



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

**FILED**  
**Feb 17, 2004 08:00 AM.**  
**Secretary of State**

<b>DOCUMENT # A01000000307</b> 1. Entity Name <b>BULL HAMMOCK RANCH, LTD.</b>					
Principal Place of Business <b>160 LAMONT ROAD          FT. PIERCE, FL 34947</b>			Mailing Address <b>160 LAMONT ROAD          FT. PIERCE, FL 34947</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>65-0184364</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01222004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent  <b>CARLTON, MARGARET H          160 LAMONT ROAD          FT. PIERCE, FL 34947</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$6,500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L01000005156		STREET ADDRESS		
NAME	BULL HAMMOCK PROPERTY MANAGEMENT, L.C. ✓		CITY-ST-ZIP		
STREET ADDRESS	160 LAMONT ROAD				
CITY-ST-ZIP	FT. PIERCE, FL 34947				
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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: <i>Margaret H. Carlton</i> <b>Margaret H. Carlton</b>			02-12-04		772-461-4649
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

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