


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

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000666	
1. Entity Name ROCK POND ENTERPRISES, LTD.	

Principal Place of Business 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 0	Mailing Address 13201 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601 0
---	---

2. Principal Place of Business Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
City & State	City & State
Zip Country	Zip Country



MOORE CR2E003 (11/03)

4. FEI Number 54-2068470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, SHARON 13209 OLD CRYSTAL RIVER ROAD BROOKSVILLE FL 34601	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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
---	---	--

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 #		STREET ADDRESS	
NAME	ORAVEC, ANDREW JR.	CITY - ST - ZIP	
STREET ADDRESS	13205 OLD CRYSTAL RIVER ROAD		
CITY - ST - ZIP	BROOKSVILLE FL 34601		
DOCUMENT #		STREET ADDRESS	
NAME	ANDREW ORAVEC, JR, TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	13205 OLD CRYSTAL RIVER ROAD		
CITY - ST - ZIP	BROOKSVILLE FL 34601		
DOCUMENT #		STREET ADDRESS	
NAME	SHARON O. TAYLOR, TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	13209 OLD CRYSTAL RIVER ROAD		
CITY - ST - ZIP	BROOKSVILLE FL 34601		
DOCUMENT #		STREET ADDRESS	
NAME	ANDREW ORAVEC, JR., TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	13205 OLD CRYSTAL RIVER ROAD		
CITY - ST - ZIP	BROOKSVILLE FL 34601		
DOCUMENT #		STREET ADDRESS	
NAME	SHARON O. TAYLOR, TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	13209 OLD CRYSTAL RIVER ROAD		
CITY - ST - ZIP	BROOKSVILLE FL 34601		
DOCUMENT #		STREET ADDRESS	
NAME	ANDREW ORAVEC, JR, TRUSTEE	CITY - ST - ZIP	
STREET ADDRESS	13205 OLD CRYSTAL RIVER ROAD		
CITY - ST - ZIP	BROOKSVILLE FL 34601		

U000000135952
04/29/04 00004 023 526.25

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: *Sharon O Taylor* **Sharon O Taylor** **4-16-04** **352 799 7718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE