

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

**FILED**

04 APR 29 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A0100000835</b>	
1. Entity Name <b>THISTLE GOLF CLUB LIMITED PARTNERSHIP</b>	

Principal Place of Business C/O WALTER J. MACKEY, JR. 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH, FL 33409	Mailing Address C/O WALTER J. MACKEY, JR. 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH, FL 33409
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04062004 Chg-LP CR2E003 (10/03)

City & State	City & State	4. FEI Number <b>65-1119165</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
MACKAY, WALTER J JR. 2247 PALM BEACH LAKES BLVD., SUITE 204 WEST PALM BEACH, FL 33409

<b>7. Name and Address of New Registered Agent</b>		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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. <b>\$50,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$50,000.00</b>
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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 #	P01000058131	STREET ADDRESS	
NAME	THISTLE DOWNS VENTURES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2247 PALM BEACH LAKES BLVD., SUITE 204		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		
DOCUMENT #		STREET ADDRESS	<del>300036194643</del>
NAME		CITY-ST-ZIP	05/12/04--01035--023 **438.75
STREET ADDRESS			
CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

**THISTLE DOWNS VENTURES, INC., GENERAL PARTNER**

**SIGNATURE:**  **Walter J. Mackey, Jr., President 4/16/04 (561) 684-8811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #