

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

APPROVED  
AND  
FILED

04 APR -8 PM 3:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A01000000993</b>			
1. Entity Name <b>CLUB TAN, LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>3059 GULF BREEZE PKWY GULF BREEZE FL 32563</b>		Mailing Address <b>3059 GULF BREEZE PKWY GULF BREEZE FL 32563</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>59-3732888</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ANASTON, KEVIN B 4440 SOUNDSIDE DRIVE GULF BREEZE FL 32563</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$500.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$500.00</b>	11. <b>MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</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 #	NAME	STREET ADDRESS	
NAME	<b>ANASTON, KEVIN B</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4440 SOUNDSIDE DRIVE</b>		
CITY-ST-ZIP	<b>GULF BREEZE FL 32563</b>		
DOCUMENT #	<b>SUBLETTE</b>	STREET ADDRESS	<b>600032976646</b>
NAME	<b>SUBLETTE ANASTON, EVELYN JOY R</b>	CITY-ST-ZIP	<b>04/16/04--01065--021 **141.25</b>
STREET ADDRESS	<b>4440 SOUNDSIDE DRIVE</b>		
CITY-ST-ZIP	<b>GULF BREEZE FL 32563</b>		
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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

**SIGNATURE:** *Evelyn Joy R. Anaston* **EVELYN JOY R. ANASTON** **Gen Partner** **(850) 932-6264** **4/7/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #