

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001170					
1. Entity Name HUTCHINSON ISLAND PROPERTIES, LTD.					
Principal Place of Business 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS, FL 33418			Mailing Address 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-1132002				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GALUI, JUDITH M 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS, FL 33418			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. \$1,782,000.00		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	L99000003526 PERPETUITIES TRUST HOLDINGS, LLC 4500 PGA BLVD SUITE 207 PALM BEACH GARDENS, FL 33418		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)(f), 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>Diane Stephanos</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4-8-04 561/691-9050 Date Daytime Phone #		

STAPLE CHECK HERE