


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY 19 PM 4:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000966	
1. Entity Name FOUR MILE COVE, LTD.	

Principal Place of Business P.O. BOX 369 BONITA SPRINGS, FL 34133	Mailing Address P.O. BOX 369 BONITA SPRINGS, FL 34133
---	---

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



04022004 Chg-LP CR2E003 (10/03)

4. FEI Number 74-3052019	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent	
ERDMAN, GREGORY 3645 BONITA BEACH ROAD, SUITE 3 BONITA SPRINGS, FL 34134	

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. \$1,080,000.00	10. Amount of Capital Contributions in FLORIDA to date. 3575,000.00
---	---

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	P02000085762 FOUR MILE COVE, INC. PO BOX 369 BONITA SPRINGS, FL 34133	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

400036936254
 05/19/04--01058--004 **1838.75

[Handwritten Signature]

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>[Handwritten Signature]</i> Gregory Erdman	Date: 4-28-04	Daytime Phone #: (239) 992-8833
--	---------------	---------------------------------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE