

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000000966

1. Entity Name
FOUR MILE COVE, LTD.



FILED

2005 APR 25 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

03142005 Chg-LP CR2E003 (10/03)

4. FEI Number
74-3052019

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

ERDMAN, GREGORY
3645 BONITA BEACH ROAD, SUITE 3
BONITA SPRINGS, FL 34134

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

Signature typed or printed name of registered agent, if applicable

DATE

9. Capital Contributions
as Shown on record.

3,946,250.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,946,250.00

535.00

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

STREET ADDRESS

CITY ST ZIP

000051804840
04/25/05--01017--022 **\$85.00

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CITY ST ZIP

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: Gregory Erdman

Gregory Erdman

4-19-05 (239)992-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE