

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


04 JUN 28 AM 9:33

SEVENTH DISTRICT STATE
 TALLAHASSEE FLORIDA

MJH

DOCUMENT # A0300000209

1. Entity Name
 UNLIMITED HOLDINGS, LTD.



Principal Place of Business
 C/O JEFFREY S SCHELLING P.A.
 800 SEAGATE DRIVE STE. 304
 NAPLES, FL 34013

Mailing Address
 C/O JEFFREY S SCHELLING P.A.
 800 SEAGATE DRIVE STE. 304
 NAPLES, FL 34013



2. Principal Place of Business
 2240 Trade Center Way
 Suite, Apt. #, etc.

3. Mailing Address
 2240 Trade Center Way
 Suite, Apt. #, etc.

04272004 Chg-LP CR2E003 (10/03)

6/28

City & State
 Naples FL

City & State
 Naples FL

Zip Country
 34109

Zip Country
 34109

4. FEI Number
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHELLING, JEFFREY S ESQ
 C/O JEFFREY S SCHELLING P.A.
 800 SEAGATE DRIVE STE. 304
 NAPLES, FL 34013

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 2240 Trade Center Way
 City Naples FL Zip Code 34109

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 07/27/04

9. Capital Contributions as Shown on record. \$3,000,000.00

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 #	P03000011739	STREET ADDRESS	
NAME	BARBADOS MANAGEMENT, INC	CITY - ST - ZIP	
STREET ADDRESS	1760 BARBADOS AVENUE		
CITY - ST - ZIP	MARCO ISLAND, FL		
DOCUMENT #		STREET ADDRESS	3000038742209
NAME		CITY - ST - ZIP	07/06/04--01031--013 **526.25
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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:  DATE 4/29/04 Daytime Phone # 239)642 4873