

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004


FILED

04 MAY -7 PM 3:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0300000412

1. Entity Name
CROFUT'S BLACK GOLD LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
 5750 FRUITVILLE RD. 5750 FRUITVILLE RD.
 SARASOTA, FL 34232 SARASOTA, FL 34232

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



05032004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
522274862 Not Applicable

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

6. Name and Address of Current Registered Agent

MCGINNESS, W. LEE
 1800 SECOND STREET, STE. 971
 SARASOTA, FL 34236

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. **\$500.00**

10. Amount of Capital Contributions in FLORIDA to date.
 52.50
 488.75
 141.25

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	
DOCUMENT #	L03000009171
NAME	BLACK GOLD MANAGEMENT, L.L.C.
STREET ADDRESS	5750 FRUITVILLE RD.
CITY-ST-ZIP	SARASOTA, FL 34232
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>[Handwritten Signature]</i>
CITY-ST-ZIP	
STREET ADDRESS	500037532465
CITY-ST-ZIP	06/02/04--01005--008 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>[Handwritten Signature]</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

LOOK 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: *Byron Crofut* **5-9-04** **941-371-2132**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #