


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000612 1. Entity Name KELLY LAND HOLDINGS OF NWF, LTD.	
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Principal Place of Business 227 ELDRIDGE ROAD FORT WALTON BEACH, FL 32547	Mailing Address 227 ELDRIDGE ROAD FORT WALTON BEACH, FL 32547
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0993774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____
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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: \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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 #	P03000042706	STREET ADDRESS	
NAME	KELLY LAND HOLDINGS OF NWF, INC.	CITY-ST-ZIP	
STREET ADDRESS	227 ELDRIDGE ROAD		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		

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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ADA KELLY Adw B. Kelly 4/30/04 (850) 862-3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE