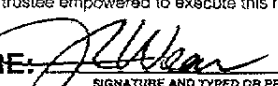


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A07020			
1. Entity Name THE BEACHES HAMLET, LTD.			
Principal Place of Business PO BOX 795 ELLENTON, FL 34222		Mailing Address PO BOX 795 ELLENTON, FL 34222	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEAR, J R 1301 10TH ST EAST STE. B PALMETTO, FL 34221		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 _____ <small>Signature, typed or printed name of registered agent and date, if applicable</small>			
9. Capital Contributions as Shown on record. \$632,175.00		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 #	NAME	STREET ADDRESS	
NAME	HOLT, EDWARD	CITY - ST - ZIP	
STREET ADDRESS	1093 W. 6TH ST.		
CITY - ST - ZIP	JACKSONVILLE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	COOPER, ARLENE M	CITY - ST - ZIP	
STREET ADDRESS	1600 SHETTER AVENUE		
CITY - ST - ZIP	JACKSONVILLE, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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)(d), 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:  J.R. Wear		Liquidating Trustee 1/8/04 (941) 721-7215	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-1947463** Applied For Not Applicable

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

FL

Zip Code

STAPLE CHECK HERE