


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A07021
1. Entity Name
SOUTH PACIFIC ENTERPRISES, LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
675 ROYAL PALM BEACH BOULEVARD 675 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411

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



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent
SANTAMARIA, JESS R
255 PONDEROSA COURT
ROYAL PALM BEACH FL 33411

4. FEI Number **59-1894668** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

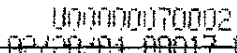
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. **\$370,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 #	SANTAMARIA, JESS R. 255 PONDEROSA COURT ROYAL PALM BEACH FL 33411	STREET ADDRESS	 02/28/04 00017 005 526.25
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		STREET ADDRESS	
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: **2/11/04** Daytime Phone #: **(561) 793-2351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER