

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A08912 1. Entity Name FLORIDA LODGING, LLLP					
Principal Place of Business 1555 PALM BEACH LAKES BOULEVARD P.O. BOX 3267 WEST PALM BEACH, FL 33402			Mailing Address 1555 PALM BEACH LAKES BOULEVARD P.O. BOX 3267 WEST PALM BEACH, FL 33402		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02112004 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-1999448				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECCLESTONE, E.L., JR. 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401				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. \$125,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$125,000.00		
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 #	P98000030670			STREET ADDRESS	
NAME	NORTH COUNTY RESORT COMPANY			CITY-ST-ZIP	
STREET ADDRESS	1555 PALM BCH LAKES BLVD, STE. 1100				
CITY-ST-ZIP	W. PALM BEACH, FL 33401				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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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)(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.					
BY: NORTH COUNTY RESORT COMPANY SIGNATURE: Ron Cooper, Vice President				4/1/04 561/686-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE