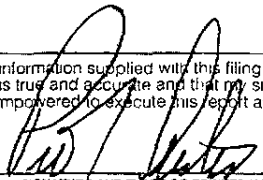


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A09026 1. Entity Name PALMETTO 4 BAY, LTD.					
Principal Place of Business 2020 KING AIR COURT PORT ORANGE, FL 32128-6931			Mailing Address 2020 KING AIR COURT PORT ORANGE, FL 32128-6931		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			01142005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 59-2068923		Applied For ☐ Not Applicable
			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AUSTEN, PETER T. 2020 KING AIR COURT DAYTONA BEACH, FL 32128				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. \$375,000.00			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		
STREET ADDRESS	4401 N FEDERAL HIGHWAY, SUITE 204		CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON, FL 33431				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	AUSTEN, PETER T.		CITY-ST-ZIP		
CITY-ST-ZIP	2020 KING AIR COURT				
	PORT ORANGE, FL 321286931				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MIGONE, BRUCE		CITY-ST-ZIP		
CITY-ST-ZIP	7125 N.W. 74TH ST				
	MIAMI, FL				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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)(f), 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: 			Peter T. Austen, Gen. Partner		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE

386-761-1882

1-20-2005