
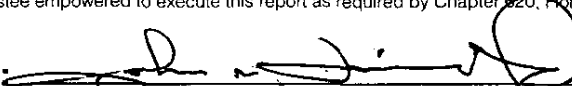


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A09517			
1. Entity Name THE ISLANDER GROUP, LIMITED			
Principal Place of Business 502 GULF SHORE DR (BOX 1237) DESTIN FL 32541		Mailing Address 502 GULF SHORE DR (BOX 1237) DESTIN FL 32541	
2. Principal Place of Business		3. Mailing Address P.O. BOX 15909	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hattiesburg MS	
Zip	Country	Zip	Country
39404	USA	39404	USA
6. Name and Address of Current Registered Agent FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR FL 32579-0000		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 title if applicable.		DATE	
9. Capital Contributions as Shown on record. \$300,000.00		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 #	L00000001954	STREET ADDRESS	
NAME	ISLANDER GENERAL PARTNER, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	4116 BURNING TREE DRIVE		
CITY-ST-ZIP	DESTIN FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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DOCUMENT #		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)(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 3-11-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:31



MOORE CR2E003 (11/03)

4. FEI Number **59-2120217** Applied For
Not Applicable

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

STAPLE CHECK HERE

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04/07/04--01006--021 **526.25