



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A16813 1. Entity Name SALTY APPROACH LIMITED PARTNERSHIP					
Principal Place of Business 4346 HIDDEN RIVER RD. SARASOTA, FL 34240			Mailing Address 4346 HIDDEN RIVER RD. SARASOTA, FL 34240		
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 FETT, HAROLD J. 4346 HIDDEN RIVER RD. SARASOTA, FL, FL 34240				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$450,000.00			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 #	F28801			STREET ADDRESS	
NAME	NORTH CAPTIVA AIR, INC.			CITY - ST - ZIP	
STREET ADDRESS	4346 HIDDEN RIVER RD.				
CITY - ST - ZIP	SARASOTA, FL 34240				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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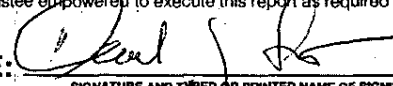
4. FEI Number
59-2421177

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

FL Zip Code

200038771392
07/06/04--01057--024 **926.25

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:  **CHERYL TREAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/8/04 **94-371-0165**

Date Daytime Phone #

STAPLE CHECK HERE