## **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

## **FILED** Due By May 1, 2004 Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # A17597 EDGÉWATER BEND ASSOCIATES, LTD. Principal Place of Business Mailing Address 41 W I-65 SERVICE RD., N. P.O. BOX 160306 3RD FLOOR - COLONIAL BANK CENTRE MOBILE, AL 36608-1201 MOBILE, AL 36616 2. Principal Place of Business 3. Mailing Address Suite. Apl. #, etc. Suite, Apt #, etc 01212004 Cha-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number 63-0883874 Not Applicable \$8.75 Additional Fee Required Zip Country Zio 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPUS, JOSEPH J III Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BLVD PENSACOLA, FL 32503-4350 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 ampusk SIGNATURE Someture, typed or protecting 9. Capital Contributions. 10. Amount of Capital Contributions in FLORIDA to date \$2,172,000 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12, G00180900081 DOCUMENT# STREET ADDRESS MALE MITCHELL EQUITIES 3298 SUMMIT BLVD #18 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP PENSACOLA, FL 325034350 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI- //P City-ST-7P DOCUMENT # 05/07/04-80028-025 526.25 STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT# STREET ADDRESS MAME STREET AUDRESS CitY-S1-7/P CITY-ST-ZIP

14. Thereby 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 AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: .

4-27-64

Daytime Phone #