


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A18097				
1. Entity Name FISHERMAN'S LANDING OF COCONUT CREEK LIMITED PARTNERSHIP				
Principal Place of Business 30215 SOUTHFIELD ROAD, SUITE 200 SOUTHFIELD, MI 48076		Mailing Address 30215 SOUTHFIELD ROAD, SUITE 200 SOUTHFIELD, MI 48076		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
MARTIN, WILLIE M. 4854 FISHERMANS DR COCONUT CREEK, FL 33063		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. \$4,252,264.00		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 #	851503	STREET ADDRESS	U00000120484	
NAME	AMURCON CORPORATION	CITY-ST-ZIP	04/20/04-80011-021 525.25	
STREET ADDRESS	30215 SOUTHFIELD ROAD, SUITE 200			
CITY-ST-ZIP	SOUTHFIELD, MI 48076			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
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CITY-ST-ZIP				



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number **38-2560910** Applied For Not Applicable

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

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

STAPLE CHECK HERE

SIGNATURE: Willie M. Martin V.P. 2-3-04 248-646-0202 X-226