
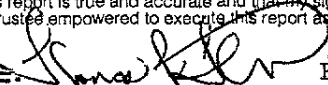


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A19150</b> 1. Entity Name <b>THE BLUEWATER-INVERNESS LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>C/O FLYNN MGMT CORP.          516 LAKEVIEW ROAD, UNIT 8          CLEARWATER, FL 33756</b>			Mailing Address <b>C/O FLYNN MGMT CORP.          516 LAKEVIEW ROAD, UNIT 8          CLEARWATER, FL 33756</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01142004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>59-2639414</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name	
FLYNN, TOM FLYNN MGMT CORP 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756				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. <b>\$238,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	DRAPER, SAM		CITY - ST - ZIP		
CITY - ST - ZIP	1025 MYERS PARK DR. TALLAHASSEE, FL 32301		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	PETERSEN, PAUL K.		CITY - ST - ZIP		
CITY - ST - ZIP	211 W. 7TH ST. TRAVERSE CITY, MI		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BLAKESLEE, JOHN R.		CITY - ST - ZIP		
CITY - ST - ZIP	7786 PEACEFUL VALLEY RD WILLIAMSBURG, MI		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
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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					
<b>SIGNATURE:</b> 			By <b>Sam Draper</b> By <b>Thomas F. Flynn, P.O.A.</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date <b>1/21/04</b> Daytime Phone # <b>727-449-1182</b>		

STAPLE CHECK HERE