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

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A19622

1. Entity Name

SEABREEZE ASSOCIATES, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
537 MARKET STREET SUITE 25 CHATTANOOGA TN 37402	C/O OLAN MILLS, INC. 4325 AMNICOLA HWY. ATTN OJT LAND MGMT CHATTANOOGA TN 37422

MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite Apt. #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1227417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$300,990.00	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 #	F95000001437	STREET ADDRESS	
NAME	O.J.T. LAND MANAGEMENT CO., INC.		
STREET ADDRESS	537 MARKET STREET, SUITE 25	CITY-ST-ZIP	
CITY-ST-ZIP	CHATTANOOGA TN 37402		
DOCUMENT #		STREET ADDRESS	
NAME			U00000159494
STREET ADDRESS		CITY-ST-ZIP	05/10/04-80032-024 526.25
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STAPLE CHECK HERE

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: M. Linda Love April 26, 2004 (423) 634-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #