


# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

<b>DOCUMENT # A20409</b>			
1. Entity Name <b>SOUTH SEAS PROPERTIES COMPANY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>13451 MCGREGOR BLVD., STE. 27 FT. MYERS, FL 33919</b>		Mailing Address <b>8961 CONFERENCE DR. FT MYERS, FL 33919</b>	
2. Principal Place of Business		3. Mailing Address <b>8961 Conference Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 1</b>	
City & State		City & State <b>Ft. Myers, FL</b>	
Zip	Country	Zip	Country
		<b>33919</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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01062004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-2541464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TAYLOR, ROBERT M 13451 MCGREGOR BLVD., STE. 27 FT. MYERS, FL 33919</b>		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. <b>\$11,703,250.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	<b>L96000000209</b>	STREET ADDRESS	
NAME	<b>T &amp; T RESORTS, L.C.</b>	CITY-ST-ZIP	<b>700032837627</b>
STREET ADDRESS	<b>13451 MCGREGOR BLVD., STE. 27</b>		<b>04/15/04--01019--015 **526.25</b>
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>		
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STREET ADDRESS			
CITY-ST-ZIP			

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: Richard E. Kneel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #