


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

**FILED  
Jun 01, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A21813**  
1. Entry Name  
**BAY OAKS REALTY ASSOCIATES, A CALIFORNIA LIMITED PARTNERSHIP**



Principal Place of Business: **4344 LANGLEY AVE. PENSACOLA FL 32504**  
Mailing Address: **16301 BUCCANEER LANE C/O RENTAL OFFICE HOUSTON TX 77062**



MOORE CR2E003 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **63-3743180** Applied For Not Applied

Zip Country Zip Country

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

**HANSEN, LUCILLE M.  
4335 PLAZA GATE LANE, APT. 101  
JACKSONVILLE FL 32217**

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 *[Signature]* *[Signature]* **4/23/04**  
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. **\$950,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STA. 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	
DOCUMENT #	
NAME	<b>BELCHER, KERRY K.</b> <i>[Signature]</i>
STREET ADDRESS	<b>1600 REEF VIEW CIR.</b>
CITY-ST-ZIP	<b>CORONA DEL MAR CA</b>
DOCUMENT #	
NAME	<b>TODD, LEONARD C.</b>
STREET ADDRESS	<b>6000 GARDEN GROVE BLVD</b>
CITY-ST-ZIP	<b>WESTMINISTER CA</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

000000162091  
06/03/04-80007-028 526.25

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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **4-23-04 281 218 8003**  
Signature and typed or printed name of signing general partner Date Daytime phone #