



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A22687 1. Entity Name HONTOON LANDING MARINA LIMITED PARTNERSHIP					
Principal Place of Business 2317 RIVER RIDGE ROAD DELAND, FL 32720			Mailing Address 2317 RIVER RIDGE ROAD DELAND, FL 32720		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 02182004 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-2683611				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOMBERG, APRIL 32444 RANCHERO ROAD DELAND, FL 32720			7. Name and Address of New Registered Agent 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. \$3,245,984.00		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 #	P94000092974		STREET ADDRESS	U000000082500 03/09/04-80032-014 526.25	
NAME	HONTOON MANAGEMENT CORPORATION ✓		CITY-ST-ZIP		
STREET ADDRESS	1300 GARDINER LANE, SUITE 9		CITY-ST-ZIP		
CITY-ST-ZIP	LOUISVILLE, KY 40213		CITY-ST-ZIP		
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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)(f), 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: WILLIAM A. MOTSCH, UP OF GENL PTA William A. Motisch 2-18-04 (502) 499-1835					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE