2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A22921

1. Entity Name
DYKES ROAD ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
% EDMOND J. GONG, ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126	% EDMOND J. GONG, ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126

04082004 Chg-LP CR2E003 (10/03)

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

4. FEI Number 59-2694482 ☐ 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
GONG, EDMOND J. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126	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 of new or former registered agent, as applicable)

9. Capital Contributions as Shown on record	$102,347.00	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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	823835 INFLAHEDGE RESOURCE FUND %6161 BLUE LAGOON DRIVE STE. 270 MIAMI, FL 33126	STREET ADDRESS 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)(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: Edmond J. Gong Edmond J. Gong 4/13/04 (305) 261-6222
(SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER) (DATE) (Daytime Phone #)