


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A24091 1. Entity Name PLANTATION DEVELOPMENT, LTD.	
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Principal Place of Business 13451 MCGREGOR BLVD., SUITE 27 FORT MYERS, FL 33919	Mailing Address 13451 MCGREGOR BLVD., SUITE 27 FORT MYERS, FL 33919
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01272004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2770984	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARINER GROUP, INC. 13451 MCGREGOR BLVD., SUITE 27 FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$2,079,000.00	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 #	627192	STREET ADDRESS	
NAME	MARINER GROUP, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	13451 MCGREGOR BLVD., SUITE 27		
CITY-ST-ZIP	FORT MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

000000090452
 03/17/04-80019-008 595.00

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: <u>Alan M. J. B.</u>	Date: <u>2/10/04</u>	Daytime Phone #: <u>239-481-2011</u>
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STAPLE CHECK HERE