


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

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A27168	
1. Entity Name CORAL CAY ADVENTURE GOLF, LTD.	

Principal Place of Business 2205 E. TAMIAMI TRAIL NAPLES FL 34112	Mailing Address P.O. BOX 189 TRAVERSE CITY MI 49685
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOSTRZEWA, JOSEPH G 2205 E. TAMIAMI TRAIL NAPLES FL 34112		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 65-0072411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

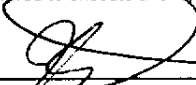
9. Capital Contributions as Shown on record \$700,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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 # NAME STREET ADDRESS CITY - ST - ZIP	J83929 F.C. MANAGEMENT CORP. 123 EAST FRONT STREET TRAVERSE CITY MI	STREET ADDRESS CITY - ST - ZIP	U00000139888 04/23/04-80136-022 526.25
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **CHAIRMAN, F.C. MGT CORP, GENERAL PARTNER** 4/19/04 (231) 929-4466