

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JAN 30 PM 2: 28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01272004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A28121</b> 1. Entity Name <b>SAMAHA FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>905 VON PHISTER ST.          KEY WEST, FL 33040</b>			Mailing Address <b>905 VON PHISTER ST.          KEY WEST, FL 33040</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0088660</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>SAMAHA, FOUAD          905 VON PHISTER ST.          KEY WEST, FL 33040-4747</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>	
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. <b>\$287,627.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>P97000006652</b>		STREET ADDRESS		
NAME	<b>CAPTAIN SAM'S RETREATS, INC.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>905 VON PHISTER</b>				
CITY-ST-ZIP	<b>KEY WEST, FL 33040</b>				
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CITY-ST-ZIP					

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* **JAN 27 04** **305 294 4111**  
Date Daytime Phone #

STAPLE CHECK HERE