

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JAN 30 PM 2:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A28481

1. Entity Name
INVERNESS CLUB, LTD., L.P.



Principal Place of Business
PO BOX 2295
VALDOSTA, GA 31604

Mailing Address
PO BOX 2295
VALDOSTA, GA 31604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

58-1808620

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

PERRIN, DONALD F
320 HIGHWAY 41 SOUTH
INVERNESS, FL 32650

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$95.00

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 # P30356
NAME MORTGAGE GROUP SOUTH COR
STREET ADDRESS 2409 BEMISS ROAD
CITY-ST-ZIP VALDOSTA, GA

STREET ADDRESS

CITY-ST-ZIP

000027914990
01/30/04-01019-003 **150.00

DOCUMENT #
NAME DEWAR, JAMES L JR.
STREET ADDRESS #9 TROTTERS WAY
CITY-ST-ZIP VALDOSTA, GA 31605

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J.L. Dewar, Jr.

1/21/04

Date

229-242-7759

Daytime Phone #

STAPLE CHECK HERE