

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

**FILED**

04 APR 13 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



03312004 Chg-LP CR2E003 (10/03)

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<b>DOCUMENT # A28650</b> 1. Entity Name <b>TREASURE COAST REALTY INVESTORS, LTD.</b>					
Principal Place of Business - <b>411 NORTH U.S. 1          FORT PIERCE, FL 34950</b>			Mailing Address <b>411 NORTH U.S. 1          FORT PIERCE, FL 34950</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0123349</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MURPHY, HOYT C JR.          411 NORTH U.S. 1          FT. PIERCE, FL 34950</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>\$443,444.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$455,545</b>			
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>MURPHY, HOYT C JR.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>411 NORTH U.S. 1</b>				
CITY-ST-ZIP	<b>FT. PIERCE, FL</b>				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>184847 HOYT C. MURPHY, INC. REALTORS</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>411 NORTH U.S. 1</b>				
CITY-ST-ZIP	<b>FT PIERCE, FL</b>				
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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)(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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____ Daytime Phone # _____		

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