

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A29035 1. Entity Name LONGBOAT KEY MARINA ASSOCIATES, LTD.					
Principal Place of Business 2800 HARBOURSIDE DR. LONGBOAT KEY, FL 34228			Mailing Address 2600 DOUGLAS RD., #505 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0159539	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATTHEW INVESTMENTS, INC. 2600 DOUGLAS RD., #505 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. \$2,850,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$ 2,850,000.00		
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 #	L21262		STREET ADDRESS		
NAME	MATTHEW INVESTMENTS, INC		CITY - ST - ZIP		
STREET ADDRESS	2600 DOUGLAS RD., #505				
CITY - ST - ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS		
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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: <i>William G. Vernon</i>			4/30/04 305 448 1070		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE

