2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 JUL -2 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A29433

1. Entity Name
RMG ENTERPRISES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1520 TROUT LANE PANAMA CITY BEACH, FL 32411	P.O. BOX 27970 PANAMA CITY BEACH, FL 32411

01272004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
2208 Ten Oaks Drive Suite, Apt. #, etc.	2208 Ten Oaks Drive Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32312 Country:	Zip: 32312 Country:

4. FEI Number: 59-2981636 ☐ 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
SWEE, ARNOLD H 1520 TROUT LANE PANAMA CITY BEACH, FL 32411	Name: Mark Swee Street Address (P.O. Box Number is Not Acceptable): 2208 Ten Oaks Drive City: Tallahassee FL Zip Code: 32312

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.	10. Amount of Capital Contributions in FLORIDA to date.
$405,000.00	

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 #	L35455	STREET ADDRESS	2208 Ten Oaks Drive
NAME	GMR OF PANAMA CITY, INC.	CITY-ST-ZIP	Tallahassee FL 32312
STREET ADDRESS	1520 TROUT LANE		
CITY-ST-ZIP	PANAMA CITY BCH., FL 32411		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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: _____ 6-29-04 850-668-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #