


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 13 PM 1:05

DOCUMENT # A29443	
1. Entity Name SAILFISH MARINA PARTNERSHIP, LTD.	

Principal Place of Business 90 LAKE DRIVE PALM BEACH SHORES, FL 33404	Mailing Address 90 LAKE DRIVE PALM BEACH SHORES, FL 33404
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



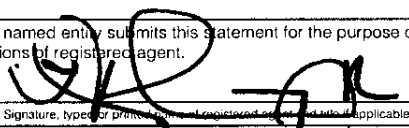
03312004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0162382	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAUNCEY, HARRISON K JR. CHAUNCEY & SIEGLE, P.A. 241 BRADLEY PLACE PALM BEACH, FL 33480	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Law Offices of Harrison K. Chauncey Jr., P.A. City FL Zip Code	
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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 4/5/04

9. Capital Contributions as Shown on record. \$10.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P98000106965	STREET ADDRESS	
NAME	SAILFISH MARINA, INC.	CITY-ST-ZIP	
STREET ADDRESS	90 LAKE DRIVE		
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 04/28/04--01025--022 **141.25

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: 	DATE 4/9/04
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STAPLE CHECK HERE