


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A29804 1. Entity Name IRELAND LAKES, LTD.	
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Principal Place of Business 12000 BISCAYNE BLVD. SUITE 810 MIAMI, FL 33181-2742	Mailing Address 12000 BISCAYNE BLVD. SUITE 810 MIAMI, FL 33181-2742
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0245167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IRELAND LAKES, INC. 12000 BISCAYNE BLVD. SUITE 810 MIAMI, FL 33181-2742	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and the filer acceptable

9. Capital Contributions as Shown on record. \$1,620,000.00	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 # NAME STREET ADDRESS CITY ST ZIP	L39526 IRELAND LAKES, INC. 12000 BISCAYNE BLVD. MIAMI, FL 331812742	STREET ADDRESS CITY ST ZIP	1100000146150 05/03/04-80052-010 526.25
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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)(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: *Lou Ireland* **LOU IRELAND** 4-12-04 305-891-6806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DATE TO EXPIRE IF