2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A29813** 1. Entity Name 04 APR -1 AM 10: 01 BARDMOOR/BAYOU CLUB, LTD. Principal Place of Business Mailing Address 7979 BAYOU CLUB BOULEVARD 7979 BAYOU CLUB BOULEVARD LARGO, FL 33777 LARGO, FL 33777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 CR2E003 (10/03) Cha-LP City & State City & State 4. FEI Number Applied For 59-2996821 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, AILEEN S Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions (Same > \$2,000,000.00 as Shown on record. in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. 288814 DOCHMENT # STREET ADDRESS BAYOU MANAGEMENT CO. NAME STREET ADDRESS 7979 BAYOU CLUB BLVD. 500032839475 04/15/04--01021--011 **526.24 CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33777 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-CT-ZIP 14. Ihereby 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 fue 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 of the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes uall Kanzel SIGNATURE: / RE AND TYPEOOR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone