

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A29906**

1. Entity Name  
**GASPARILLA PARTNERS OF BOCA GRANDE, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 31 PM 2:11

Principal Place of Business  
**333 PARK AVENUE, SUITE 1A  
BOCA GRANDE, FL 33921**

Mailing Address  
**PO BOX 1466  
BOCA GRANDE, FL 33921**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0188964**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

**BATSEL, C. GUY  
1861 PLACIDA ROAD, SUITE 204  
ENGLEWOOD, FL 34223**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

9. Capital Contributions  
as Shown on record.

**\$300,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # **L47780**  
NAME **GASPARILLA SMA, INC.**  
STREET ADDRESS **P.O. BOX 1010**  
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

STREET ADDRESS

CITY-ST-ZIP

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**600041329936**  
**09/24/04--01080--008 \*\*526.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/15/04**  
Date

**841-964-0711**  
Daytime Phone #

STAPLE CHECK HERE