

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A30404**

1. Entity Name  
**GOLF TERRACE FINANCING PARTNERSHIP, LTD.**



Principal Place of Business <b>C/O DARYL CRAMER &amp; ASSOC., P.A.</b> <b>3801 PGA BLVD SUITE 508</b> <b>PALM BEACH GARDENS, FL 33410-2758</b>	Mailing Address <b>C/O DARYL CRAMER &amp; ASSOC., P.A.</b> <b>3801 PGA BLVD SUITE 508</b> <b>PALM BEACH GARDENS, FL 33410-2758</b>
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0627981**

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

**DARYL CRAMER & ASSOC., P.A.**  
**3801 PGA BOULEVARD STE. 508**  
**PALM BEACH GARDENS, FL 33410**

Name

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. **\$1,700,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **\$1,700,000.00**

**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 # **P95000067184**  
 NAME **GOLF TERRACE GENERAL PARTNER, INC.**  
 STREET ADDRESS **3801 PGA BOULEVARD STE. 508**  
 CITY ST ZIP **PALM BEACH GARDENS, FL 334102758**

STREET ADDRESS

CITY ST ZIP

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CITY ST ZIP

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:** By: **Golf Terrace General Partner, Inc.**  
**MAKRAH 5/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE