

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # A30821

1. Entity Name  
TROPICAL PALMS OF FT. MYERS, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 31 AM 9:59

Principal Place of Business P. O. BOX 1659 OCALA, FL 34478	Mailing Address P. O. BOX 1659 OCALA, FL 34478
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03112004 Chg-LP CR2E003 (10/03)



4. FEI Number 59-3037551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TREXLER, TERRY 3741 SW 7TH ST OCALA, FL 34474	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 title if applicable.

9. Capital Contributions as Shown on record. \$20,000.00	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	K44330 TLT, INC. 3741 S.W. 7TH STREET OCALA, FL	STREET ADDRESS CITY-ST-ZIP	200032839572 04/15/04--01021--013 **228.75
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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: Terry Trexler, Pres TLT 3/19/04 352-732-5157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA