


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A30932</b>	
<b>1. Entity Name</b> LACUNA GOLF LIMITED PARTNERSHIP	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 21 AM 9:31

<b>Principal Place of Business</b> 6400 GRAND LACUNA BLVD. LAKE WORTH FL 33467	<b>Mailing Address</b> 6400 GRAND LACUNA BLVD. LAKE WORTH FL 33467
--	--

<b>2. Principal Place of Business</b> 3737 GULFSTREAM RD. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3737 GULFSTREAM RD. Suite, Apt. #, etc.
---	---



1ST MOORE CR2E003 (10/04)

<b>City &amp; State</b> GULFSTREAM, FL.	<b>City &amp; State</b> GULFSTREAM, FL.
<b>Zip</b> 33483	<b>Zip</b> 33483
<b>Country</b> PALM BEACH	<b>Country</b> PALM BEACH

<b>4. FEI Number</b> 59-3045301	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

<b>6. Name and Address of Current Registered Agent</b>  FORD, DOUGLAS M. JR. 6400 GRAND LACUNA BLVD LAKE WORTH FL 33467	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> MICHAEL FORD <b>Street Address (P.O. Box Number is Not Acceptable)</b> 3737 GULFSTREAM RD. <b>City</b> GULFSTREAM <b>FL</b> <b>Zip</b> 33483
---	---

<b>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.</b> <b>SIGNATURE</b> <i>Michael Ford / TREASURER</i> <b>DATE</b> 2/16/05
---

**11. FILE NOW!!! Due by May 1, 2005**  
See Block 11 instructions for fee info.

<b>9. Capital Contributions as Shown on record.</b> \$310,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$1,000.00
--	---

**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 # NAME STREET ADDRESS CITY-ST-ZIP	S09928 DOUG FORD GOLF SHOPS, INC 6400 GRAND LACUNA BLVD. LAKE WORTH FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

500047494335  
03/01/05--01035--021 \*\*150.00

**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**

<b>SIGNATURE:</b> <i>Doug Ford / Doug Ford</i> <b>DATE</b> 2/16/05 <b>DAYTIME PHONE #</b> 561 330-9702
--

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE