

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 25 AM 8:32

DOCUMENT # A31145

1. Entity Name
PASCO RESORTS, LTD.



Principal Place of Business

C/O RICHARD S. WEBB, IV
~~2 N. TAMiami TRAIL STE 504~~
SARASOTA, FL 34236

Mailing Address

C/O RICHARD S. WEBB, IV
~~2 N. TAMiami TRAIL STE 504~~
SARASOTA, FL 34236

2. Principal Place of Business

2033 MAIN STREET
Suite, Apt. #, etc.
STE 600

3. Mailing Address

2033 MAIN STREET
Suite, Apt. #, etc.
STE 600



03162004 Chg-LP CR2E003 (10/03)

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34237

Country

Zip

34237

Country

4. FEI Number

65-0241664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, RICHARD S., IV
~~2 N. TAMiami TRAIL~~
SUITE 600
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

2033 MAIN STREET, STE 600
City SARASOTA FL Zip Code 34237

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.

\$99,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

99,000-

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

DOCUMENT # 442155
NAME BEL-AIRE INV., INC.
STREET ADDRESS 3781 CHANCEY ROAD
CITY-ST-ZIP ZEPHYRHILLS, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

37811 Chancey Road

CITY-ST-ZIP

33541

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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: X

Donald F. Winter, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DONALD F. WINTER, SR X 3/19/04

Date

Daytime Phone #

813-780-9408

STAPLE CHECK HERE