


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A32200 1. Entity Name ADMIRAL'S INN, LTD	
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FILED

04 MAY 18 PM 1:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business 5665 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884	Mailing Address 5665 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02162004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3090876

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent VAN DIVER, JEFF 5665 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884
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7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$80,750.00	10. Amount of Capital Contributions in FLORIDA to date. 5008130
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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 #	P20398	STREET ADDRESS	
NAME	E.N.D., INC.	CITY-ST-ZIP	
STREET ADDRESS	888 S. BROADWAY		
CITY-ST-ZIP	BALTIMORE, MD		
DOCUMENT #		STREET ADDRESS	400037856524
NAME		CITY-ST-ZIP	06/16/04 01030 001 **448-17
STREET ADDRESS			
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NAME		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: 
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER

4-7-04 8633295950
Date Daytime Phone #

STAPLE CHECK HERE