


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY-1, 2004**

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

DOCUMENT # A32235	
1. Entity Name OKEECHOBEE GOLF ESTATES, LTD.	

Principal Place of Business 2046 SW 21ST STREET OKEECHOBEE FL 34974	Mailing Address P.O. BOX 2030 OKEECHOBEE FL 34973
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent COX, LOUIS T. 2046 SW 21ST STREET OKEECHOBEE FL 34974	
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4. FEI Number 65-0292927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 *Louis T. Cox, Jr.* *General Partner* *2/8/04*
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record \$571,000.00	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
	HAZELLIEF, QUILLIE JOE "JOE", JR.	CITY - ST - ZIP	
STREET ADDRESS	1600 S.E. 32ND AVENUE		
CITY - ST - ZIP	OKEECHOBEE FL 34974		
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05/10/04-80020-013 526.25

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: *Louis T. Cox, Jr.* *2/8/04* *467-1718*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #