


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT #</b> A93000000589	
<b>1. Entity Name</b> CRYSTAL BAY CLUB, LTD.	

<b>Principal Place of Business</b> 5601 WINDHOVER DRIVE ORLANDO, FL 32819	<b>Mailing Address</b> 5601 WINDHOVER DRIVE ORLANDO, FL 32819
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

04292004 Chg-LP CR2E003 (10/03)

**4. FEI Number**  
59-3185530

☐ **Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MARDER, MICHAEL  
100 WEST CYPRESS CREEK RD., STE. 700  
FT. LAUDERDALE, FL 33309

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**

Signature, typed or printed name of registered agent and title if applicable

**DATE**

**9. Capital Contributions**  
as Shown on record **\$1,524,334.00**

**10. Amount of Capital Contributions**  
in FLORIDA to date **1524334.00**

**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**

<b>DOCUMENT #</b>	P93000039207
<b>NAME</b>	WESTGATE LAKES, INC.
<b>STREET ADDRESS</b>	5601 WINDHOVER DRIVE
<b>CITY - ST - ZIP</b>	ORLANDO, FL 32819

**STREET ADDRESS**

**CITY - ST - ZIP**

**DOCUMENT #**

**NAME**

**STREET ADDRESS**

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**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 SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE