


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000001078					
1. Entity Name FLEMING ISLAND LIMITED PARTNERSHIP					
Principal Place of Business 1516 COUNTY ROAD 220 FLEMING ISLAND, FL 32003			Mailing Address 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-1846803	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'CONNOR, JOHN W 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003				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 _____ <small>Signature, typed or printed name of registered agent and state if applicable</small>					
9. Capital Contributions as Shown on record \$40.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	F47768		STREET ADDRESS		
NAME	O'CONNOR DEVELOPMENT CORPORATION		CITY - ST - ZIP		
STREET ADDRESS	1590 ISLAND LANE, SUITE 28				
CITY - ST - ZIP	FLEMING ISLAND, FL 32003				
DOCUMENT #			STREET ADDRESS	U00000158434	
NAME			CITY - ST - ZIP	05/07/04-80021-017 141.25	
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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: <i>J.W. O'Connor</i>			Date: <i>4/28/04</i> Daytime Phone #: <i>904/215-7575</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE