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

## Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # A94000000851 1. Entity Name SOUTH SEAS RESORTS COMPANY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 13451 MCGREGOR BLVD., SUITE 27 13451 MCGREGOR BLVD., SUITE 27 FT. MYERS, FL 33919 FT. MYERS, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01202004 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0496183 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAYLOR, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 13451 MCGREGOR BLVD., SUITE 27 FT. MYERS, FL 33919 City Zip Code FL 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 tide if approache DATE 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 as Shown on record 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. L94000000285 DOCUMENT # STREET ADDRESS U00000156830 NAME S.S. RESORT MANAGEMENT, L.C. 05/05/04-80006-005 141.25 STREET ADDRESS 13451 MCGREGOR BLVD., SUITE 27 CITY-ST-7IP CITY-ST-ZIP FT, MYERS, FL 33919 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-2(P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT & STREET ADDRESS NAME STREET ADDRÉ CITY-ST-7IP CITY+ST-ZIP

**FILED** 

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: Cultud &