


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

<b>DOCUMENT # A94000001278</b> <b>1. Entity Name</b> <b>MARINA YACHT BROKERS, LTD.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

<b>Principal Place of Business</b> <b>3120 MATECOMBE KEY ROAD</b> <b>PUNTA GORDA FL 33955</b>	<b>Mailing Address</b> <b>3120 MATECOMBE KEY ROAD</b> <b>PUNTA GORDA FL 33955</b>
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MOORE CR2E003 (11/03)

<b>2. Principal Place of Business</b> Suite, Apt. #, etc. City & State Zip Country	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country
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<b>4. FEI Number</b> <b>65-0438772</b>	Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b> <b>COTTER, JOHN</b> <b>3120 MATECOMBE KEY ROAD</b> <b>PUNTA GORDA FL 33955</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For <input type="checkbox"/> Not Applicable
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**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

<b>9. Capital Contributions</b> as Shown on record. <b>\$42,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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
<b>DOCUMENT #</b> P93000027042 <b>NAME</b> MARINA YACHT BROKERS, INC. <b>STREET ADDRESS</b> 3180 MATECOMBE KEY RD. <b>CITY-ST-ZIP</b> PUNTA GORDA FL 33955	<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> 100031853851 04/06/04--01006--026 **382.75

**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:**  **3-09-04** **941-575-8522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE