

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001460	
1. Entity Name ANTIGUA CLUB ASSOCIATES LIMITED	
Principal Place of Business 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	
Mailing Address 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	



2. Principal Place of Business 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs, FL Zip 32701 Country	3. Mailing Address 650 S. Northlake Blvd Suite, Apt. #, etc. Suite 450 City & State Altamonte Springs, FL Zip 32701 Country
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04042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3283131	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LECCSE, JACQUELINE 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 650 S. Northlake Blvd, Suite 450 City Altamonte Springs FL Zip Code 32701
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$910,600.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 CITY-ST-ZIP	P94000077824 ANTIGUA CLUB, INC. 2221 LEE RD., SUITE 28 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	650 S. Northlake Blvd, Suite 450 Altamonte Springs, FL 32701
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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: Jaqueline Leccese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-6-05 407-645-5575
Date Daytime Phone #

STAPLE CHECK HERE