
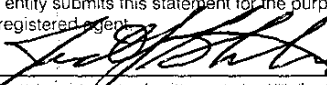
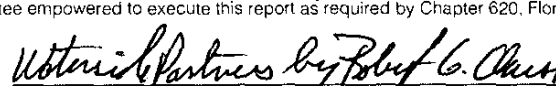


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

<b>DOCUMENT # A94000001792</b> 1. Entity Name <b>WATERSIDE AT BAY BEACH, LTD.</b>					
Principal Place of Business <b>7401 ESTERO BOULEVARD          FORT MYERS BEACH, FL 33931</b>			Mailing Address <b>6025 CARLTON LAKES BLVD.          NAPLES, FL 34110</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6704 Lone Oak Blvd.</b> Suite, Apt. #, etc.			
City & State		City & State <b>NAPLES FL</b>			
Zip	Country	Zip <b>34109</b>	Country <b>USA</b>	4. FEI Number <b>65-0549226</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>STERLING, JACK          6025 CARLTON LAKES BLVD.          NAPLES, FL 34110</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6704 Lone Oak Blvd.</b> City <b>NAPLES FL</b> Zip Code <b>34109</b>		
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 <b>7/6/04</b>					
9. Capital Contributions as Shown on record. <b>\$4,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P96000056258          WATERSIDE PARTNERS, INC.          7401 ESTERO BOULEVARD          FORT MYERS BEACH, FL 33931</b>		STREET ADDRESS CITY-ST-ZIP	<b>100039686081          07/29/04--01028--006 **526.25</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			Robert Clausen MERM Date <b>7/6/04</b> Daytime Phone # <b>239 596 9067</b>		

**FILED**

**04 JUL 12 AM 10:40**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



07062004 Chg-LP CR2E003 (10/03) **7/12**