


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 MAY -4 PM 5:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000000607	
1. Entity Name PERROS GRANDE LIMITED	

Principal Place of Business 10225 ULMERTON RD., SUITE 3D LARGO, FL 33771	Mailing Address 10225 ULMERTON RD., SUITE 3D LARGO, FL 33771
--	--

2. Principal Place of Business 455 N. Indian Rocks Rd Suite, Apt. #, etc. Suite B City & State Belleair Bluffs FL Zip 33770 Country U.S.A.	3. Mailing Address 455 N. Indian Rocks Rd Suite, Apt. #, etc. Suite B City & State Belleair Bluffs FL Zip 33770 Country U.S.A.
---	---



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3333256	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent ARSENAULT & REARDON, P.A. 10225 ULMERTON ROAD, SUITE 2 LARGO, FL 33771

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,700,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000029218 PERROS GRANDE, INC. 10225 ULMERTON RD., SUITE 3D LARGO, FL 33771	STREET ADDRESS CITY-ST-ZIP	455 N. Indian Rocks Rd Suite B, Belleair Bluffs 33770
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000036546050
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	05/18/04--01035--009 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: William R Buckles 4/30/04 (727) 584-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE