


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

FILED
Apr 07, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A95000001138 |  |
| 1. Entity Name TIDES VILLAGE, LTD. | |

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|---|--|
| Principal Place of Business 5157 SILENT LOOP, #212 NEW PORT RICHEY FL 34652 | Mailing Address P.O. BOX 159 TARPOON SPRINGS FL 34689-0159 |
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| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



MOORE CR2E003 (11/03)

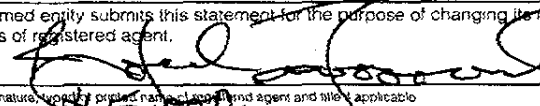
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|------------------------------------|--|
| 4. FEI Number 59-3341818 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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| | |
|---|--|
| ZAVODNY, R. JOHN 5157 SILENT LOOP, #212 NEW PORT RICHEY FL 34652 | 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 **4/1/04**

| | | |
|--|---|---|
| 9. Capital Contributions as Shown on record. \$2,500,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 # P94000088226 | NAME JZ MORGAN CAPITAL, INC. | STREET ADDRESS | 000000111293 04/13/04-80011-014 141.25 |
| STREET ADDRESS 5157 SILENT LOOP, #212 | CITY-ST-ZIP NEW PORT RICHEY FL 34652 | CITY-ST-ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
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| DOCUMENT # | NAME | STREET ADDRESS | |
| 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:  DATE **4/1/04** PHONE **727.942.8338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE