


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A96000000036		
1. Entity Name NAUTICUS GROUP LIMITED		

Principal Place of Business 22217 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413	Mailing Address 22217 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413
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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



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2646000	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SULLIVAN, DARYN L 22217 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413	
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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.

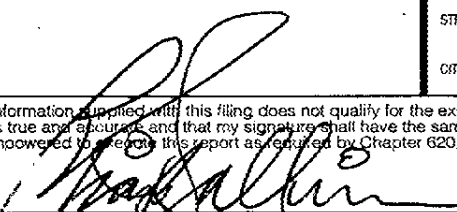
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable

9. Capital Contributions as Shown on record. \$30.00	10. Amount of Capital Contributions in FLORIDA to date. \$30.00
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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 #	SULLIVAN, BRIAN R	STREET ADDRESS	
NAME	22217 FRONT BEACH ROAD	CITY - ST - ZIP	000000120260
STREET ADDRESS	PANAMA CITY BEACH, FL 32413		04/20/04 88889-016-150.00
CITY - ST - ZIP			
DOCUMENT #	SULLIVAN, DARYN L	STREET ADDRESS	
NAME	22217 FRONT BEACH ROAD	CITY - ST - ZIP	
STREET ADDRESS	PANAMA CITY BEACH, FL 32413		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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 prepare this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **APRIL 14, 04** (850) 230-8535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Cayman Phone #

STAPLE CHECK HERE