

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A96000000279

1. Entity Name
ATLANTIS ADVENTURE LIMITED PARTNERSHIP



Principal Place of Business
**12651 WALSINGHAM RD., SUITE E
LARGO, FL 33774**

Mailing Address
**P.O. BOX 1049
INDIAN ROCKS BEACH, FL 33785**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3359498

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J. SPIEGEL, CHTD.
D/B/A AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

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

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

DATE

9. Capital Contributions
as Shown on record

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$7,500.00

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	STREET ADDRESS	CITY - ST - ZIP
	SULLIVAN, PAUL W	12651 WALSINGHAM ROAD, SUITE F	LARGO, FL 33774		
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
	SULLIVAN, F. TINA	12651 WALSINGHAM ROAD, SUITE F	LARGO, FL 33774		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/29/04

Date

(722) 596-6236

Daytime Phone #