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

	<ol> <li>Entity Nam</li> </ol>	DOCUMENT # A9600000475  1. Entity Name OCEAN WALK PROPERTIES, LTD.				FILED  04 APR 30 PH 12: 24				
	Principal Place of Business  535 SILVER BEACH AVE DAYTONA BEACH, FL 32118  Mailing Address  535 SILVER BEACH AVE DAYTONA BEACH, FL 32118				SECRETARY OF STATE TALLAHASSEE, FLORIDA			)A		
	42 S P	lace of Business eninsula Dr	+	12 S Peninsula Dr						
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01092004	Chg-LP	CR2E003	(10/03)		
ŀ	City & State	a Beach FL	City & State Daytona Beach FL		4. FEI Number			Applied For		
-	Zip	Country	Zip Country			59-3378425 Not Applicable  5 Cartificate of Status Pesired Section 88.75 Additional				
	32118 Volusia				usia			Fee	Fee Required	
-	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	GORNTO, L'A JR., ESQ 149-F S. RIDGEWOOD AVE, SUITE 301 DAYTONA BEACH, FL 32114				Street Address (P.O. Box Number is Not Acceptable)					
					Street Address (F.O. DOX Nothber 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.									
Į	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									
1	9. Capital Co		/							
	6,233,366.57									
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 partr								er.		
	12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY					
	DOCUMENT / NAME	OCEAN WALK DEVELOPMENT, INC. 535 SILVER BEACH AVE			street ADDRESS 42 S Peninsula Dr.					
	STREET ADDRESS CITY-ST-ZIP				/ CT 7/D	ytona Beach FL 32118				
	DOCUMENT <b>#</b> NAME	T ADDRESS			EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP					
STAPLE CHECK HERE	DOCUMENT #			STR	EET ADDRESS ~					
	NAME STREET ADDRESS CITY-ST-ZIP	EET ADDRESS			Y-ST-ZIP	<b>900036487159</b> 05/17/0401010019 **526.25				
	DOCUMENT # NAME			STR	eet address					
	STREET ADDRESS CITY-ST-ZIP	t .			Y-ST-ZIP			٠.		
	DOCUMENT # NAME	MIN .			EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	1			Y-ST-ZIP	$\cap$				
	DOCUMENT #			STR	EET ADDRESS				NB	
	STREET ADDRESS  CAY-ST-ZIP			CITY	Y-ST-ZIP	₹ <i>U</i>				
	14. I hereby indicated the receiv	certify that the information supplied witl I on this report is true and accurate and ver or trustee empowered to execute the	n this filing does not qualify for I that my signature shall have is report as required by Cha	or the exe the sam pter 620	emption stated in le legal effect as Florida Statutes	Section 119.07(3)(i) if made under oath;	), Florida Statutes. that I am a Genera	I further certify al Partner of the	that the information Imited partnership or	