


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000856 1. Entity Name GOLF AMERICA PROPERTIES, LTD.	
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Principal Place of Business 304B 6TH STREET SOUTHEAST WINTER HAVEN, FL 33803	Mailing Address P.O. BOX 149 WINTER HAVEN, FL 33882-0149
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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04012004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3376782	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	7. Name and Address of New Registered Agent
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HOLBROOK, H. LEON ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$750,000.00	10. Amount of Capital Contributions in FLORIDA to date. 500,000.00
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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
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	QUINN, RON W 304B 6TH STREET SOUTHEAST WINTER HAVEN, FL 33803	STREET ADDRESS CITY-ST-ZIP	U000000114991 04/16/04-800006-010 535.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	QUINN, MARY LOU 304B 6TH STREET SOUTHEAST WINTER HAVEN, FL 33803	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Ron W Quinn</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	<i>RON W. QUINN</i> Date	<i>4-3-04</i> Daytime Phone #	<i>863-2941275</i>
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