


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

DOCUMENT # A9600001006
1. Entity Name
HERON COVE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

Principal Place of Business Mailing Address
1639 SEND WAY P.O. BOX 94
LUTZ FL 33549 LUTZ FL 33549



MOORE CR2E003 (11/03)

2. Principal Place of Business 3. Mailing Address
4201 Jessie Harbor Dr. P.O. BOX 392
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Osprey FL Osprey, FL
Zip Country Zip Country
34229 Sarasota 34229 Sarasota

4. FEI Number 59-3383663 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRUDNY, MICHAEL J
4830 W. KENNEDY, #985
TAMPA FL 33609

7. Name and Address of New Registered Agent
Name Edna Van Dorsten
Street Address (P.O. Box Number is Not Acceptable)
4201 Jessie Harbor Dr.
City Osprey FL Zip Code 34229

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]* Edna Van Dorsten DATE 3/22/04

9. Capital Contributions as Shown on record. \$570,000.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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
DOCUMENT # H85197
NAME VAN DORSTEN CORPORATION, INC.
STREET ADDRESS P.O. BOX 94
CITY-ST-ZIP LUTZ FL 33549

13. ADDRESS CHANGES ONLY
STREET ADDRESS P.O. BOX 392 - 4201 Jessie Harbor
CITY-ST-ZIP Osprey, FL 34229

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STREET ADDRESS 200035819472
CITY-ST-ZIP 05/10/04--01068--020 **526.25

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CITY-ST-ZIP

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)(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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.
SIGNATURE: *[Signature]* Edna Van Dorsten, Gen. Partner
DATE: 3/22/04
Daytime Phone #: 813-508-0192