


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

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001077</b>		
1. Entity Name REAL GROWTH ASSOCIATES, LTD.		

Principal Place of Business 3033 RIVIERA DR., STE. 202 NAPLES, FL 34103	Mailing Address 3033 RIVIERA DR., STE. 202 NAPLES, FL 34103
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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



04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0672756	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input 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	
KILBOURN, E. MICHAEL 3033 RIVIERA DR., STE. 202 NAPLES, FL 34103		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 title if applicable

9. Capital Contributions as Shown on record. \$1,166,496.57	10. Amount of Capital Contributions in FLORIDA to date. 0
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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 #	KILBOURN, E. MICHAEL	STREET ADDRESS	
NAME	3033 RIVIERA DR., STE. 202	CITY - ST - ZIP	
STREET ADDRESS	NAPLES, FL 34103		
CITY - ST - ZIP			
DOCUMENT #	WINTERMEYER, MARTHA ANN	STREET ADDRESS	000000160777
NAME	3033 RIVIERA DR., STE. 202	CITY - ST - ZIP	05/18/04-80002-009 141 25
STREET ADDRESS	NAPLES, FL 34103		
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** Mike Kilbourn **4-22-04 (239) 261-1888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #