


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

DOCUMENT # A96000001918					
1. Entity Name THE FAIRE HARBOUR LIMITED PARTNERSHIP					
Principal Place of Business 358 CR 207-A EAST PALATKA FL 32131			Mailing Address P.O. BOX 699 HASTINGS FL 32145		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3385595	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAIER, GAIL-E 358 CR 207-A EAS PALATKA FL 32137				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$15,000.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	MAIER, ALBERT CARL		CITY-ST-ZIP	500029478565	
STREET ADDRESS	358 CR 207A			02/27/04 01004-005 **52.50	
CITY-ST-ZIP	EAST PALATKA FL 32131		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP	500029478565	
NAME	MAIER, GAIL ELIZABETH			02/27/04-01004-006 **141.25	
STREET ADDRESS	358 CR 207A		STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FL 32131		CITY-ST-ZIP		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

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: *Albert Carl Maier* A.C. MAIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

128 2004

Date

386
325-595

Daytime Phone #