

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 31 AM 9:59

DOCUMENT # A96000002038 1. Entity Name TARCORRA ENTERPRISES, LTD.					
Principal Place of Business 3003 SOUTH ATLANTIC AVENUE 16A1 DAYTONA BEACH SHORES, FL 32118			Mailing Address 3003 SOUTH ATLANTIC AVENUE 16A1 DAYTONA BEACH SHORES, FL 32118		
2. Principal Place of Business 3003 S. ATLANTIC AVE Suite, Apt. #, etc. 16A1		3. Mailing Address 3003 S. ATLANTIC AVE Suite, Apt. #, etc. 16A1			
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL		4. FEI Number 59-3407404	
Zip 32118		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORR, KEVIN J 3003 SOUTH ATLANTIC AVENUE 16A1 DAYTONA BEACH SHORES, FL 32118			7. Name and Address of New Registered Agent Name CORR, KEVIN J Street Address (P.O. Box Number is Not Acceptable) 3003 S. ATLANTIC AVE 16A1 City DAYTONA BEACH FL Zip Code 32118		
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 <i>X Kevin J Corr</i> DATE <i>X 3/23/04</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,500,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P96000074511		STREET ADDRESS	3003 S. ATLANTIC AVE 16A1	
NAME	TARCORRA ENTERPRISES, INC.		CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
STREET ADDRESS	3003 SOUTH ATLANTIC AVENUE				
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			900032837379 04/15/04 01019 889 **526.25		
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STREET ADDRESS					
CITY-ST-ZIP					
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: <i>X Kevin J Corr</i> DATE <i>X 3/23/04</i> DAYTIME PHONE # <i>(386) 767-6978</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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