


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED-
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 17 PM 12:47

DOCUMENT # A96000002262 1. Entity Name THE TIDES MEMTOPS'L, LTD.	
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Principal Place of Business 546 MARY ESTHER BLVD. FORT WALTON BEACH, FL 32548	Mailing Address 546 MARY ESTHER BLVD. FORT WALTON BEACH, FL 32548
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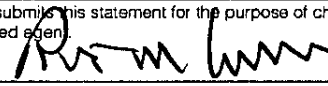
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02132004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-2165863	Applied For <input type="checkbox"/> Not Applicable	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 COUNCH, ROBERT 546 MARY ESTHER BLVD. FORT WALTON BEACH, FL 32548	7. Name and Address of New Registered Agent Name LAUNCH, Robert Street Address (P.O. Box Number is Not Acceptable) Same 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 	DATE 2/13/04
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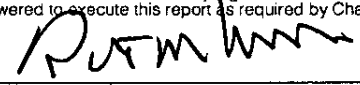
9. Capital Contributions as Shown on record. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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 03/03/01 01029 085 **526.25

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: 	DATE 2/13/04 DAYTIME PHONE # 850-301-3451
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #