2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 JUN 21 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

06082004 Chg-LP CR2E003 (10/03) 6/21

DOCUMENT # A96000002387

1. Entity Name
SANIBEL HARBOUR MARINA LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
15051 PUNTA RASSA ROAD FORT MYERS, FL 33908	15051 PUNTA RASSA ROAD FORT MYERS, FL 33908

2. Principal Place of Business	3. Mailing Address
15009 Punta Rassa Rd	"Same"
Suite, Apt. #, etc.	Suite, Apt. #, etc. "
City & State: Ft Myers Fl	City & State "
Zip: 33908 Country: Lee	Zip Country

4. FEI Number 65-0153863 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, GINNY 767 CAPE VIEW DRIVE FORT MYERS, FL 33908	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.	$1,980,000.00	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 #	L28606	STREET ADDRESS	
NAME	JOHNSON MARINA CORPORATION		
STREET ADDRESS	15051 PUNTA RASSA ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	FORT MYERS, FL 33908		
DOCUMENT #		STREET ADDRESS	100038166901
NAME			06/22/04--01066--005 **526.25
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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: Ginny Johnson, Pres   June 16, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #