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

## **DOCUMENT # A9700000420** 04 MAY -4 PM 5: 12 1. Entity Name THE FLAGLER RESORT, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 7380 SAND LAKE ROAD, SUITE 120 7380 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32819 ORLANDO, FL 32819 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 59-3428067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 9. Capital Contributions as Shown on record. \$5,431,437.00 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. P97000015407 DOCUMENT / STREET ADDRESS RCK FLAGLER, INC. STREET ADDRESS 7380 SAND LAKE ROAD, SUITE 120 CITY-ST-7IP 700036546087 05/18/04=-01035=-010 \*\*\$26.25 CITY - ST - ZIP ORLANDO, FL 32819 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

APPRUYE

AND

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:

SIGNATURE:

SIGNATURE: