

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -8 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001692	
1. Entity Name MARINA BAY CLUB LIMITED PARTNERSHIP	

Principal Place of Business 1986 N.E. 149TH STREET NORTH MIAMI, FL 33181	Mailing Address 1986 N.E. 149TH STREET NORTH MIAMI, FL 33181
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03092004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0772565	Applied For <input type="checkbox"/> Not Applicable
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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 BARTHE, FREDERIC M ESQ. 888 S.E. 3RD AVENUE, STE. 400 FT. LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00	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 #	P97000066900	STREET ADDRESS	
NAME	MARINA BAY CLUB, INC.	CITY - ST - ZIP	
STREET ADDRESS	1986 N.E. 149THE STREET		
CITY - ST - ZIP	NORTH MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	600032976986
NAME		CITY - ST - ZIP	04/16/04--01065--024 **158.75
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: *[Signature]* General Partner 04/16/04 305-940-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #