2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A97000001784 04 HAY -4 PH 4: 46 DEEP LAGOON BOAT CLUB, LTD. SECRETARY OF STATE TĂTLAHASSEE FLORIDA Principal Place of Business Mailing Address 14030 MCGREGOR BLVD. 14030 MCGREGOR BLVD. FORT MYERS, FL 33919 FORT MYERS, FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312004 CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-0765218 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOATCLUBSAMERICA, L.C. Street Address (P.O. Box Number is Not Acceptable) 14030 MCGREGOR BLVD ~ FORT MYERS, FL 33919 8. The above named entity submits this statement for the purpose of distered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or print 9. Capital Contributions \$3,000,000.00 10. Amount of Capita 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 ADDRESS CHANGES ONLY 12. L98000000839 DOCUMENT # 1431 Rail Head Blvd. #2 STREET ADDRESS BOATCLUBSAMERICA, L.C. NAME STREET ADDRESS 14030 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33919 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 200036552382 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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: eneral partne

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