


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

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001909</b> 1. Entity Name <b>EAST INLET PARTNERS, LTD.</b>	
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Principal Place of Business <b>113 EAST INLET DRIVE PALM BEACH, FL 33480</b>	Mailing Address <b>113 EAST INLET DRIVE PALM BEACH, FL 33480</b>
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2. Principal Place of Business Suite, Apt. # etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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02142004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-0786752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>OHL, ROBERT C 113 EAST INLET DRIVE PALM BEACH, FL 33480</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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

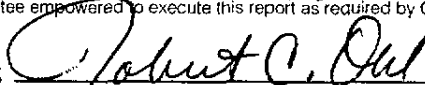
9. Capital Contributions as Shown on record. <b>\$618,962.00</b>	10. Amount of Capital Contributions in FLORIDA to date
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>OHL, ROBERT C 113 EAST INLET DRIVE PALM BEACH, FL 33480</b>	STREET ADDRESS	<b>U00000136311 04/29/04-80009-008 526.25</b>
NAME			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME			
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:**  **ROBERT C. OHL** **2/14/04** **561-842-2545**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #