


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

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001913					
1. Entity Name CRYSTAL COVE, LTD.					
Principal Place of Business 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804			Mailing Address 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3469137	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACARTHUR, WILLIAM H 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,086,976.34			10. Amount of Capital Contributions in FLORIDA to date. 0		
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 #	P97000076577		STREET ADDRESS		
NAME	BDC CRYSTAL COVE, INC.		CITY - ST - ZIP		
STREET ADDRESS	401 WEST COLONIAL DRIVE, SUITE 7				
CITY - ST - ZIP	ORLANDO, FL 32804				
DOCUMENT #			STREET ADDRESS	U000000068260	
NAME			CITY - ST - ZIP	02/28/04-80004-005 141.25	
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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: <i>Liz Conant</i>			ADJST SEC/TREAS. BDC CRYSTAL COVE, INC.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 2/6/04 Daytime Phone #: 407-425-8276		

STAPLE CHECK HERE