2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

	DUE BY N				
1. Entity Nam	MENT # A970000020 ne RBOARD TACK, LTD.	081		SECRETARY OF STATE DIVISION OF COLUMNATIONS	
				04 APR -5 AM 10: 43	
2	e of Business	Mailing Address			
2076 CAVAI VERO BEAC	LLA ROAD CH FL 32963	2076 CAVALLA ROAE VERO BEACH FL 3296			
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E003 (11/03)	
City & Stat	te	City & State		4. FEI Number 65-0782187 Applied Not App	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Agent	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Name		
STRAZZULLA, JOSEPH P 2076 CAVALLA RD.			_ Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
VER	RO BEACH FL 32963		•		
			City	FL Zip Code	
_	tions of registered agent.		s registered office of reg	jistered agent, or both, in the State of Florida. I am familiar with, and a	
SIGNATURE 9. Capital Co	Signature, typed or printed name of registered agenontributions on record. \$1,150,031.0	nt and little if applicable. 10. Amount of Capi in FLORIDA to comment of THAT IS A BUSINESS EN	ital Contributions date. NTITY MUST BE RE	11. MAKE CHECK PAYABLE TO FL. DEPT OF SEE REVERSE SIDE FOR FEE INFORMATIONS GISTERED AND ACTIVE WITH THIS OFFICE.	
SIGNATURE 9. Capital Coas Shown	Signature, typed or printed name of registered agenontributions on record. A GENERAL PARTNER NOTE: General Partners M	nt and title if applicable. 10. Amount of Capin FLORIDA to comment of the Capin FLORIDA to co	ital Contributions date. NTITY MUST BE REC the form; an amend	11. MAKE CHECK PAYABLE TO FL. DEPT OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE SET OF	
9. Capital Coas Shown 12.	Signature, typed or printed name of registered agent contributions on record. A GENERAL PARTNER NOTE: General Partners M. GENERAL PARTNER P97000067955	nt and title if applicable. 10. Amount of Capin FLORIDA to comment of the Capin FLORIDA to co	ital Contributions date. NTITY MUST BE RE	11. MAKE CHECK PAYABLE TO FL. DEPT OF SEE REVERSE SIDE FOR FEE INFORMATIONS GISTERED AND ACTIVE WITH THIS OFFICE.	
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