

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED

04 JUN 22 AM 9:28


STATE OF FLORIDA
TALLAHASSEE

MJH



MOORE CR2E003 (11/03)

6/22

DOCUMENT # A97000002443					
1. Entity Name SEA OAKS INVESTMENT GP, LTD.					
Principal Place of Business 1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH FL 33139			Mailing Address 1501 COLLINS AVE., 3RD FLOOR MIAMI BEACH FL 33139		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SUMBERG, JOHN C P.A. 200 SOUTH BISCAYNE BLVD., STE 2500 MIAMI FL 33131				7. Name and Address of New Registered Agent 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.		\$36,000.00		10. Amount of Capital Contributions, in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	L97000001254			STREET ADDRESS	1235 WINDING OAKS CIRCLE EAST
NAME	SEA OAKS INVESTMENT GP, L.C.			CITY-ST-ZIP	VERO BEACH FL 32963
STREET ADDRESS	1501 COLLINS AVE., 3RD FLOOR				
CITY-ST-ZIP	MIAMI BEACH FL 33139				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
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: _____				Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

SIAPLE CHECK HERE