


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
2004 APR 22 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002626 1. Entity Name THE BEAR'S CLUB FOUNDING PARTNERS, LTD.	
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Principal Place of Business 11780 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408	Mailing Address 2000 PGA BLVD., STE. 2202 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02262004 Chg-LP CR2E003 (10/03)


4. FEI Number 65-0810035	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY ONE, SUITE 300 NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent Name Haile, Shaw & Pfaffenberger, P.A. Street Address (P.O. Box Number is Not Acceptable) 11780 U.S. Highway One, Suite #300 City North Palm Beach, FL Zip Code 33408
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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  **Oren Tasini** DATE **2-26-04**

9. Capital Contributions as Shown on record. \$35,000,000.00	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 #	P97000085463	STREET ADDRESS	
NAME	BEAR'S CLUB MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	11780 U.S. HIGHWAY ONE, SUITE 400		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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05/11/04--01041--018 **526.25

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE