


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

<b>DOCUMENT # A98000000200</b>		
1. Entity Name <b>NATCHEZ RESORT 1997, LTD.</b>		


Principal Place of Business <b>3445 PACIFIC COAST HWY SUITE 240 TORRANCE CA 90505</b>	Mailing Address <b>3445 PACIFIC COAST HWY SUITE 240 TORRANCE CA 90505</b>
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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

**FILED**

2004 OCT -1 A 8: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (4/04)

4. FEI Number <b>65-0806200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>JOEL NIEBLE 725 N. Ft. Lauderdale Blvd Ft Lauderdale 33304</b>	

7. Name and Address of New Registered Agent	
Name <b>JOEL NIEBLE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>725 N. Ft. Lauderdale BL</b>	
City <b>Fort Lauderdale</b>	FL Zip Code <b>33304</b>

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 **Joel Nieble** DATE **9/1/04**

**11. FILE NOW!!! Due by September 8, 2004!**  
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

9. Capital Contributions as Shown on record. <b>\$240,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>240,000</b>
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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	
DOCUMENT #	
NAME	<b>SAKS, LAWRENCE M.D.</b>
STREET ADDRESS	<b>3445 PACIFIC COAST HWY., STE 240</b>
CITY-ST-ZIP	<b>TORRANCE CA 90505</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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:**  **Lawrence Saks** **9/1/04** **310-404-4445**

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

STAPLE CHECK HERE