


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SEAL OF THE STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A98000000267 1. Entity Name SEA PINES DEVELOPMENT OF N.W. FLA., LTD.					
Principal Place of Business 4300 BAYOU BLVD., STE. #23 PENSACOLA, FL 32503			Mailing Address 4300 BAYOU BLVD., STE. #23 PENSACOLA, FL 32503		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3636519				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202004 Chg-LP CR2E003 (10/03) 5/24	
6. Name and Address of Current Registered Agent SHARON HESS HERRICK 4300 BAYOU BLVD., STE. #23 PENSACOLA, FL 32503			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. \$728,136.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L73336		STREET ADDRESS		
NAME	SEA PINES DEVELOPMENT CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	4300 BAYOU BLVD., STE. #23				
CITY-ST-ZIP	PENSACOLA, FL 32503				
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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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Sharon Hess Herrick 4-21-04 850-477-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #