

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 15, 2004 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # A98000000326**

1. Entity Name  
**CASEY KEY ASSOCIATES, LTD.**



Principal Place of Business  
~~1703 BAYSHORE RD.~~  
**NOKOMIS, FL 34275**

Mailing Address  
**P.O. BOX 1786**  
**NOKOMIS, FL 34274**



2. Principal Place of Business  
**621 CASEY KEY ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02182004 Chg-LP CR2E003 (10/03)

City & State  
**NOKOMIS, FL**

City & State

4. FEI Number  
**65-0810244**

Applied For  
 Not Applicable

Zip Country  
~~34275~~ ~~SARASOTA~~

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MACRAE, DANID N**  
~~1500 CASEY KEY ROAD~~ **621 CASEY KEY ROAD**  
**NOKOMIS, FL 34275**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
 as Shown on record. **\$960,300.00**

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**

DOCUMENT # **P98000010465**  
 NAME **CASEY KEY CUSTOM HOMES, INC.**  
 STREET ADDRESS ~~1703 BAYSHORE RD.~~ **621 CASEY KEY RD.**  
 CITY-ST-ZIP **NOKOMIS, FL 34275**

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:**

*[Signature]*

**DANID N MACRAE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-23-04**

Date

**941-412-3070**

Daytime Phone #

STAPLE CHECK HERE