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

	DOCUMENT # A9800000509 1. Entity Name LA PLACE DU SOLEIL LIMITED PARTNERSHIP							Mar 04, 2004 08:00 AM Secretary of State		
<u> </u>	Principal Place of Business 249 ROYAL PALM WAY SUITE 403 PALM BEACH FL 33480				Mailing Address 249 ROYAL PALM WAY SUITE 403 PALM BEACH FL 33480			CENSCACC CENSO		
1	2. Principal P	. Principal Place of Business			3. Mailing Address					
	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			мо	ORE CR2E00	3 (11/03)
-	City & State				City & State	-	<u>, , , , , , , , , , , , , , , , , , , </u>	4. FEI Number 6	55-0817531	Applied For Not Applicable
	Zip		Country		Zip	Coun	stry	5. Certificate of St		\$8.75 Additional Fee Required
-	6. Name and Address of Current F			nt Regis	tered Agent		Name	7. Name and Add	ress of New Registered	Agent
	HOUGH, JOHN H C/O DUANE, MORRIS & HECKS 249 ROYAL PALM WAY, SUITE PALM BEACH FL 33480						Street Address (P.O. Box Number is Not Acceptable)			
							City	· · · · · · · · · · · · · · · · · · ·	F	Zip Code
4	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.									n familiar with, and accept
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.								— DATE	
-	Signature, typed or proted name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. \$10,000,000.00 In FLORIDA to date.					al Contri late.	busi019 628	180, 1	1. MAKE CHECK PAYABI	E TO FL. DEPT. OF STATE OR 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 O	
	SOCUMENT # NAME	IT P98000016729 LA PLACE DU SOLEIL, INC.			/	STR	EET ADDRESS			
***************************************		ADDRESS 249 ROYAL PALM WAY, STE. 403			√ 	cm	r-ST-ZIP	Fn	U00000087192 V15/04-80001-	008_526_25
	DOCUMENT #					STR	BET ADDRESS			***************************************
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HERE	STREET ADDRESS CATY-S1-ZIP		<u></u>	<u> </u>		CIT	Y-ST-ZIP	·		
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	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 path, 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: ST0-773-2585									
-	SIGNAT	URE: 4	Million	<u>ع</u>	Sing	- C	2-	25-05	- 570-7	73-2585

FILED