


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

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000657 1. Entity Name HIDEOUT GOLF CLUB, LTD.	
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Principal Place of Business 3025 BRANTLEY BLVD. NAPLES FL 34117	Mailing Address 3025 BRANTLEY BLVD. NAPLES FL 34117
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MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3497661	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KENT, MAURICE D 3025 BRANTLEY BLVD. NAPLES FL 34117	

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 _____
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9. Capital Contributions as Shown on record. \$5,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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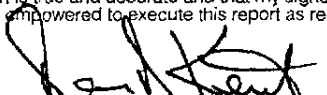
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000019816	STREET ADDRESS	
NAME	HIDEOUT GOLF CLUB, INC.	CITY-ST-ZIP	
STREET ADDRESS	3025 BRANTLEY BLVD.		
CITY-ST-ZIP	NAPLES FL 34117		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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STAPLE CHECK HERE

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:  **2/20/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #