

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 26 AM 9:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000000900	
1. Entity Name BAHIA SUN ASSOCIATES LIMITED PARTNERSHIP	

Principal Place of Business 2250 AVENIDA DEL VERA N. FT. MYERS, FL 33917	Mailing Address % ROSEN DEVELOPMENT GROUP, INC. 2250 AVENIDA DEL VERA N. FT. MYERS, FL 33917
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2. Principal Place of Business 12800 UNIVERSITY DR. Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA	3. Mailing Address 12800 UNIVERSITY DR. Suite, Apt. #, etc. SUITE 400 City & State FORT MYERS, FL Zip 33907 Country USA
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	01152004	Chg-LP	CR2E003 (10/03)
4. FEI Number 58-2386109	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CALLAHAN, W. SCOTT ESQUIRE 37 NORTH ORANGE AVENUE, STE 200 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,560,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$526.25
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000032322 BAHIA SUN REALTY CORP. 550 MAMARONECK AVNEUE HARRISON, NY 10528	STREET ADDRESS CITY-ST-ZIP	12800 University Dr., Ste 400 Fort Myers, FL 33907
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300036287393 05/14/04-01007-012 **526.25
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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: [Signature] 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #