

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 <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$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
State 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. **\$1,560,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

\$526.25

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 AVENUE 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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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] **4/22/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE