


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000001217 1. Entity Name KELLY PLANTATION GOLF CLUB, LTD.	
--	---

Principal Place of Business 307 KELLY PLANTATION DR. DESTIN, FL 32541	Mailing Address 307 KELLY PLANTATION DR. DESTIN, FL 32541
---	---

2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
---	---

City & State	City & State
Zip	Country



01282004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000	
---	--

4. FEI Number 59-3517641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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. \$4,400,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000015506 KELLY PLANTATION GOLF CLUB, INC. 307 KELLY PLANTATION DRIVE DESTIN, FL 32541	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U00000158450 05/07/04-80022-013 526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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:  John A. McNeil, Jr. 4-28-04 850-269-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #