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

	A C D I IV	ו בווכח	,				
DOCUMENT # A98000001712 1. Entity Name ORIENTAL EXPRESS OF PENSACOLA, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAR 10 PM 1: 33		
Principal Place of Business Mailing Address							
2115 W. NINE MILE ROAD 2115 W. NINE MILE ROPENSACOLA FL 32534 PENSACOLA FL 32534							
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Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					MOORE CR2E003 (11/03)		
City & State		City & State			4. FEI Number 59-3501171	Applied For Not Applicable	
Zip	Country	Zip	Zip Counti		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
		Name		ا با با سا سبه البدا،			
	NGO, PHOEBE X 2115 W. NINE MILE ROAD				ssi(P.O. Bex Number is Not Acceptable)		
PENSACOLA FL 32534							
				City FL Zip Code		Zip Code	
8. The abov	The above named entity submits this statement for the purpose of changing its registered office or register				<u> </u>		
the obligations of registered agent.							
SIGNATURE Shoeld though XNAN NOO					1090 2-13	-04	
Signature, typed or printed name of registered agrift and title if applicable.							
9. Capital Confributions shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL DEPT OF STATE 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.				
DOCUMENT #	OCUMENT /		STS.	EET ADDRESS			
NAME			310	SEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	PENSACOLA FL 32514 NT / NGO, PHOEBE X 712 VALLEY GRANDE RD.		CIT	CITY-ST-ZIP 04/01/0401007009 **438.75			
DOCUMENT / NAME			STR	EET ADDRESS			
1			CIT	City-St-Zip			
OOCUMENT#	AME		STF	TREET ADDRESS			
STREET ADDRESS			CIT	Y-ST-ZIP			
DOCUMENT # NAME			STF	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	ITY-ST-ZIP OCUMENT #			Y-ST-ZIP			
U CITY-ST-ZIP DOCUMENT /				EET ADORESS			
NAME STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-Ziff			REET ADDRESS			
CITY-ST-ZIFQ				Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
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							