


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002915 1. Entry Name OSPREY COVE HOBE SOUND LIMITED PARTNERSHIP	
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Principal Place of Business ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401	Mailing Address ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip	Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0900427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOSOY, BRIAN D ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401	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. \$891,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	P98000107389 OSPREY COVE FLORIDA, INC. ONE N. CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U000000157614 05/05/04-80034-014 535.00
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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:  **OSPREY COVE FLORIDA, INC.**
By: _____ Date: **4-19-04 (561) 835-1810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE