

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A9900000158

1. Entity Name  
 CONCH HARBOR MARINA ASSOCIATES, LTD.



Principal Place of Business  
 CONCH HARBOR MARINA  
 300 ALTON ROAD, SUITE 303  
 MIAMI BEACH, FL 33139

Mailing Address  
 951 CAROLINE STREET  
 KEY WEST, FL 33040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0888765

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHRISTOPH, ROBERT W  
 300 ALTON ROAD, SUITE 303  
 MIAMI BEACH, FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. \$2,500,000.00

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 # P98000095705  
 NAME CONCH HARBOR MARINA, INC.  
 STREET ADDRESS 300 ALTON ROAD, SUITE 303  
 CITY-ST-ZIP MIAMI BEACH, FL 33139

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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CITY-ST-ZIP

U00000365717  
 05/11/05-80012-017 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/05

305-672-5588

Title

Daytime Phone #

STAPLE CHECK HERE