

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

**DOCUMENT # A99000000490**

1. Entity Name  
**CAYO COSTA ASSOCIATES, LTD.**



Principal Place of Business  
**1520 ROYAL PALM SQUARE BLVD., SUITE 360  
FT. MYERS, FL 33919**

Mailing Address  
**1520 ROYAL PALM SQUARE BLVD., SUITE 360  
FT. MYERS, FL 33919**



04232004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0905035</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARNOLD, BOWEN A 1520-360 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record <b>\$980.00</b>	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 #	P99000028048	STREET ADDRESS	
NAME	CAYO COSTA, INC.	CITY-ST-ZIP	
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., SUITE 360		
CITY-ST-ZIP	FT. MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	1100000158361
NAME		CITY-ST-ZIP	05/07/04-88810-010 141.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:** BOWEN A ARNOLD, VP, CAYO COSTA, INC. 4/24/04 2392758029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE