

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

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001261</b>					
<b>1. Entity Name</b> FLORIDA BAY AT OLDE CYPRESS LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> 3200 BAILEY LANE, SUITE 117 NAPLES FL 34105			<b>Mailing Address</b> 3200 BAILEY LANE, SUITE 117 NAPLES FL 34105		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3589400	
				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>  PASSIDOMO, JOHN 821 5TH AVE. S., #201 NAPLES FL 34102				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions</b> as Shown on record		\$700,000.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b>	P99000046911		<b>STREET ADDRESS</b>		
<b>NAME</b>	FLORIDA BAY AT OLDE CYPRESS, INC.		<b>CITY - ST - ZIP</b>		
<b>STREET ADDRESS</b>	3200 BAILEY LANE, SUITE 117		<b>STREET ADDRESS</b>	U000000140030	
<b>CITY - ST - ZIP</b>	NAPLES FL 34105		<b>CITY - ST - ZIP</b>	04/29/04-20146-007 526.25	
<b>DOCUMENT #</b>			<b>STREET ADDRESS</b>		
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<b>CITY - ST - ZIP</b>			<b>CITY - ST - ZIP</b>		
<b>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</b>					
<b>SIGNATURE:</b> _____			4-14-04 239-643-6767		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE