


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

FILED

2004 OCT 29 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A99000001384**  
 1. Entity Name  
**SEA VILLAS LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**401 CENTRE STREET**      **1616 ASHLEY RIVER RD.**  
**2ND FL**      **CHARLESTON, SC 29407**  
**FERNANDINA BEACH, FL 32034**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      State, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



09062004    Chg-LP    CR2E003 (10/03)

4. FEI Number      Applied For  
**57-1094492**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**8. Name and Address of Current Registered Agent**  
**JACOBS, ARTHUR I**  
**401 CENTRE STREET, 2ND FL**  
**FERNANDINA BEACH, FL 32034**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed in printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      \$1,000.00      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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000004369	STREET ADDRESS	
NAME	LAUREL ONE CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	401 CENTRE STREET	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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: *Boyd C. Sharp*      Date: *Sept. 8, 2004*      843-958-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #