


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B93000000372 1. Entity Name INTRACOASTAL A LIMITED PARTNERSHIP	
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Principal Place of Business 600 E LAS COLINAS BLVD., STE. 400 IRVING, TX 75039	Mailing Address % LEGAL DEPT. 600 E. LAS COLINAS BLVD., SUITE 400 IRVING, TX 75039
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. STE. 105 TALLAHASSEE, FL 32301	
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01232004	Chg-LP	CR2E003 (10/03)
4. FEI Number 13-3730411		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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. \$21,344,479.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000.00
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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 #	F96000003212	STREET ADDRESS	
NAME	NEW INTRACOASTAL A CORP.	CITY-ST-ZIP	
STREET ADDRESS	600 E LAS COLINAS BLVD., STE. 400		
CITY-ST-ZIP	IRVING, TX 75039		
DOCUMENT #		STREET ADDRESS	300036194493
NAME		CITY-ST-ZIP	05/12/04--01035--020 **423.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:  **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

FILED
 04 APR 30 AM 8:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE