


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # B96000000292 1. Entity Name CHARLOTTE GOLF MANAGEMENT LIMITED PARTNERSHIP	
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Principal Place of Business 22 SUNNINGDALE DR. GROSSE POINTE SHORES, MI 48236	Mailing Address 22 SUNNINGDALE DR. GROSSE POINTE SHORES, MI 48236
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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04212004 Chg-LP CR2E003 (10/03)

4. FEI Number 38-3306355	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUNSON, JOHN M 1474 JORDAN HILLS COURT CLEARWATER, FL 34618	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. \$200.00	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 #	F96000003796	STREET ADDRESS	
NAME	CHARLOTTE GOLF MANAGEMENT COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	22 SUNNINGDALE LANE		
CITY-ST-ZIP	GROSSE POINTE SHORES, MI 48236		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: <u>WAYNE T. WALLRICH, PRES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date 4/2/04	Daytime Phone # 313 343 0498
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