


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000702 1. Entity Name OSCEOLA DEVELOPMENT PROJECT, L.P.	
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Principal Place of Business 18679 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469	Mailing Address 18679 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469
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2. Principal Place of Business <i>18745 SE Federal Hwy</i> Suite, Apt. #, etc.	3. Mailing Address <i>18745 SE Federal Hwy</i> Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04132004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0783803	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUBENFELD, DAREN 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33469	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>18745 SE Federal Hwy</i> 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 <i>[Signature]</i>	DATE
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9. Capital Contributions as Shown on record. \$15,000,000.00	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 #	P97000064547	STREET ADDRESS	<i>18745 SE Federal Hwy</i>
NAME	OSEOLA TRACE DEVELOPMENT CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	18679 S.E. FEDERAL HIGHWAY		
CITY - ST - ZIP	TEQUESTA, FL 33469		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	300036283453
NAME		CITY - ST - ZIP	05/14/04--01012--023 **535.00
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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 19.07(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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #
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STAPLE CHECK HERE