


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B98000000118						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB -5 PM 1:20 <i>WL</i> <i>02/23/04</i>	
1. Entity Name GULL COVE ASSOCIATES LIMITED PARTNERSHIP							
Principal Place of Business 2409 BEMISS ROAD VALDOSTA, GA 31604				Mailing Address 2409 BEMISS ROAD VALDOSTA, GA 31604			
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____							
9. Capital Contributions as Shown on record. \$210,000.00				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.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	M98000000181			STREET ADDRESS			
NAME	DEWAR GENERAL, L.L.C.			CITY-ST-ZIP	31602		
STREET ADDRESS	2409 BEMISS ROAD			STREET ADDRESS			
CITY-ST-ZIP	VALDOSTA, GA 31604			CITY-ST-ZIP	800029303218		
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CITY-ST-ZIP				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: <i>J.L. Dewar, Jr.</i>				Date: <i>1/21/04</i> Daytime Phone #: <i>229-242-7739</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE