

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


**FILED**

04 APR 30 PM 12:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # B98000000435**

1. Entity Name  
**TIBURON GOLF VENTURES LIMITED PARTNERSHIP**



Principal Place of Business  
**24301 WALDEN CENTER DRIVE #300  
 BONITA SPRINGS, FL 34134**

Mailing Address  
**24301 WALDEN CENTER DRIVE #300  
 BONITA SPRINGS, FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.


Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3520724**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HASTINGS, VIVIEN N  
 24301 WALDEN CENTER DRIVE #300  
 BONITA SPRINGS, FL 34134**

**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 or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$48,009,352.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$20,193,081**

**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**

DOCUMENT #	GENERAL PARTNER INFORMATION
F98000003366	TIBURON GOLF VENTURES, INC. 24301 WALDEN CENTER DRIVE #300 BONITA SPRINGS, FL 34134

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-ST-ZIP

000036487220  
 05/17/04--01010--020 \*\*2105.00

*524-25*  
*NSD*

STAPLE CHECK HERE

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:** *Vivien N. Hastings* **Vivien N. Hastings** 04/28/2004 239-498-8605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**Vice President**