

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 05, 2004 8:00 am
Secretary of State**

05-05-2004 90228 025 ***158.75

DOCUMENT # P02000122153		
1. Entity Name BEACH CLUB U.S. GENERAL PARTNER, INC.		

Principal Place of Business	Mailing Address
C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD, SUITE 508 PALM BEACH GARDENS, FL 33410-2758	C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD, SUITE 508 PALM BEACH GARDENS, FL 33410-2758

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

03112004 Chg-P CR2E034 (10/03)

4. FEI Number 05-1660935	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DARYL CRAMER & ASSOCIATES, P.A. C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD, SUITE 508 PALM BEACH GARDENS, FL 33410-2758	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCCHESE, FABRIZIO 105 W BEAVER DR. STE. 9&10 RICHMND.HILLS ONTARIO, CANADA L4B 1C6,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lucchese, Fabrizio 105 West Beaver Creek, Units 9 & 10 Richmond Hill, Ontario CANADA L4B 1C6	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, WILLIAM P 105 W BEAVER DR. STE. 9&10 RICHMND.HILLS ONTARIO, CANADA L4B 1C6,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myers, William P. 105 West Beaver Creek, Units 9 & 10 Richmond Hill, Ontario CANADA L4B 1C6	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
MARCH 3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #