


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P35185 1. Entity Name THE BEACH CLUB GENERAL PARTNER LIMITED, INCORPORATED	
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Principal Place of Business DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD 508 PALM BEACH GARDENS, FL 33410 US	Mailing Address DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD 508 PALM BEACH GARDENS, FL 33410 US
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03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 00-0000000NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DARYL B CRAMER AND ASSOC., P.A. 3801 PGA BLVD STE 508 PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE
IN THIS SPACE**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MYERS, WILLIAM P. 105 WEST BEAVER CREEK, UNIT 9&10 RICHMOND HILL, ONTARIO, CA 14b 1c6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK, UNIT 9&10 RICHMOND HILL, ONTARIO, CA 14b 1c6
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

03/03/04 153.75

**DO NOT WRITE
IN THIS SPACE**

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 31 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #