


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

**FILED
Apr 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # A00000000312

1. Entity Name
GENESIS CUSTOM HOMES, LTD.



Principal Place of Business
2100 TRADE CENTER WAY, SUITE D
NAPLES, FL 34109

Mailing Address
2100 TRADE CENTER WAY, SUITE D
NAPLES, FL 34109

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



04022004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1023838

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUSUMANO, PATSY 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109		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 file if applicable

9. Capital Contributions as Shown on record. \$1,335,000.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	P00000011685 GENESIS CUSTOM HOMES OF SOUTHWEST FL, INC. 2100 TRADE CENTER WAY, SUITE D NAPLES, FL 34109	STREET ADDRESS	U000000144872
		CITY - ST - ZIP	05/03/04-80003-025 526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	

STAPLE CHECK HERE

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: Patsy Musumano 4/20/04 (239) 594-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Contacted Phone #