2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

SIGNATURE:

Secretary of State **DOCUMENT # A00000000499** ARBOURS APARTMENTS, LTD. Principal Place of Business Mailing Address 3521 N. 53RD AVE. 3521 N. 53RD AVE. HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite. Apt. # etc. Suite, Apt. #, etc. 07072004 CR2E003 (10/03) Applied For City & State City & State 4. FEI Number 65-1229682 Not Applicable Country Country 58.75 Additional Zic 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name LOWITZ, STEPHEN 3521 N. 53RD AVE. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 City 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 input or printed name of registered agent and like it apptitude. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$0.00 in FLORIDA to date. as Shown on record. - () -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. ADDRESS CHÂNGES ONLY GENERAL PARTNER INFORMATION 12. 13. E990000006291 DOCUMENT # STREET ADDRESS NAME CAHABA VALLEY DEVELOPMENT CORPORATION STREET ADDRESS 1037 22ND STREET, SOUTH SUITE 101 CRTY-ST-ZIP CHY-ST-ZP BIRMINGHAM, AL 35205 P99000077578 DOCUMENT : STREET ADDRESS <u> 1100000167546</u> ARBOUR ONE, INC. NAME STREET ADDRESS 3521 N. 53RD AVE. 07/20/04-80009-013 141.25 CITY-ST-JIP HOLLYWOOD, FL 33021 CITY-ST ZIZ DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-AP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ALORESS CITY-ST-78 CITY-ST ZIP DOCUMENT # STREET ADDRESS MASSE STREET ADGRESS CITY+ST-7tP CITY-ST-ZIP DOCUMENT & STREET ADDRESS MAME STREET ADDRESS DITY-ST- AP CITY-ST ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report is true and accurate and that my signature shall have the same legs the receiver or trustee empowered to execute the freport as required by Chapter 620, flow to stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information effect as if made under oath, that I am a General Partner of the limited partnership or

ME OF SIGNING GENERAL PARTNER

FILED

Jul 19, 2004 08:00 AM