


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A03000001190</b>	
<b>1. Entity Name</b> VILLAGE LOFTS, LTD.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 15 AM 10:30



MOORE CR2E003 (11/03)

<b>Principal Place of Business</b> 202 S.W. 2ND STREET, SUITE C FT. LAUDERDALE FL 33301		<b>Mailing Address</b> 202 S.W. 2ND STREET, SUITE C FT. LAUDERDALE FL 33301	
<b>2. Principal Place of Business</b> 425 N Andrews Avenue Suite, Apt. #, etc. #1		<b>3. Mailing Address</b> 425 N Andrews Avenue Suite, Apt. #, etc. #1	
<b>City &amp; State</b> Fort Lauderdale FLORIDA		<b>City &amp; State</b> Fort Lauderdale FLORIDA	
<b>Zip</b> 33301	<b>Country</b> USA	<b>Zip</b> 33301	<b>Country</b> USA

<b>4. FEL Number</b> 06-1704905	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b> ELKIN, STEVEN C C/O FRANK, WEINBERG & BLACK 7805 S.W. 6TH COURT PLANTATION FL 33324	<b>7. Name and Address of New Registered Agent</b> 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.

<b>9. Capital Contributions</b> as Shown on record. \$400,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. \$400,000.00	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
---	--	--

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> L02000027935	<b>NAME</b> FAT VILLAGE DEVELOPMENT, LLC	<b>STREET ADDRESS</b> 425 N Andrews Avenue #1	
<b>STREET ADDRESS</b> 202 S.W. 2ND STREET, SUITE C		<b>CITY-ST-ZIP</b> Fort Lauderdale, FL 33301	
<b>CITY-ST-ZIP</b> FT. LAUDERDALE FL 33301			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>			

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

ALAN C. HOOPER 2/18/04 954-761-8439

STAPLE CHECK HERE