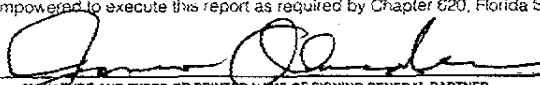


***2004 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By September 8, 2004

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A05595					
1. Entity Name EUSTIS HOMES LTD.					
Principal Place of Business 300 WEST DIXIE AVE LEESBURG, FL 34748			Mailing Address 300 WEST DIXIE AVE LEESBURG, FL 34748		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt # etc			Suite, Apt #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 62-1035687	
				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	
HABER, FLORA J 300 WEST DIXIE AVE LEESBURG, FL 32748				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: Type or print name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$168,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	
STREET ADDRESS	CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
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STREET ADDRESS	CITY - ST - ZIP			CITY - ST - ZIP	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP			CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				6-8-04 (352) 787-6700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE