

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A14197		
1. Entity Name PARK, LTD.		

Principal Place of Business 16236 SAN DIEGUITO RD, SUITE A-21 RANCHO SANTA FE CA 92067	Mailing Address PO BOX 8960 RANCHO SANTA FE CA 92067
--	--

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



MOORE CR2E003 (4/04)

6. Name and Address of Current Registered Agent	
HINDEN, JON A ESQUIRE WEBBER, HINDEN & MCLEAN 4430 SW 64TH AVE. DAVIE FL 33314	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

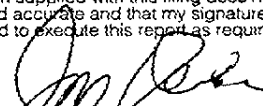
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		11. FILE NOW!!! Due by September 8, 2004! See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒
SIGNATURE _____ DATE _____ Signature: type or printed name of registered agent and title if applicable		
9. Capital Contributions as Shown on record. \$2,293,500.00	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 #	M03000003830	STREET ADDRESS	
NAME	COMMUNITY MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	16236 SAN DIEGUITO RD, BLDG 1, #21		
CITY-ST-ZIP	RANCHO SANTA FE CA		
DOCUMENT #	L9900001795	STREET ADDRESS	
NAME	PARADISE VILLAGE, LLC	CITY-ST-ZIP	
STREET ADDRESS	1020 HUNTINGTON DR.		
CITY-ST-ZIP	SAN MARINO CA		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

U00000170974
08/25/04-80005-010 141.25

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:  **JAMES M. DAYE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
08/12/04 Comm mmk

STAPLE CHECK HERE