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

MOORE CR2E003 (4/04)

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 59-1654669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable DATE

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. ☒

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		
STREET ADDRESS	16236 SAN DIEGUITO RD, BLDG 1, #21	CITY-ST-ZIP	
CITY-ST-ZIP	RANCHO SANTA FE CA		
DOCUMENT #	L9900001795	STREET ADDRESS	U00000170974
NAME	PARADISE VILLAGE, LLC		
STREET ADDRESS	1020 HUNTINGTON DR.	CITY-ST-ZIP	08/26/04-80005-010 141.25
CITY-ST-ZIP	SAN MARINO CA		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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 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: JAMES M DAYE Bus. Mgr. Comm Mgmt 08/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #