


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 13 PM 1:05

<b>DOCUMENT # A95000000736</b>			
1. Entity Name <b>COMMUNITY INVESTORS, LTD.</b>			
Principal Place of Business <b>12588 CAPRI CIR LN TREASURE ISLAND FL 33706</b>		Mailing Address <b>P.O. BOX 3516 SEMINOLE FL 33775</b>	
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 <b>59-3313089</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent <b>BEATTY, BEA 12588 CAPRI CIR LN TREASURE ISLAND FL 33706</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$30,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>23,000</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	521616	STREET ADDRESS	
NAME	HAPPY HOMES, INC. OF PINELLAS COUNTY	CITY-ST-ZIP	
STREET ADDRESS	12588 CAPRI CIR LN		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900034525489
STREET ADDRESS			04/29/04--01007--022 **242.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:** *Bea Beatty* **4-12-04** **727-360-5402**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
*BEA BEATTY*