
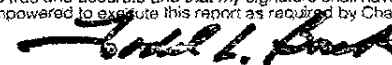


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001267</b> 1. Entity Name <b>AFFORDABLE/WHISTLER'S COVE, LTD.</b>					
Principal Place of Business <b>615 CRESCENT EXECUTIVE COURT, SUITE 120</b> <b>LAKE MARY, FL 32746</b>			Mailing Address <b>615 CRESCENT EXECUTIVE COURT, SUITE 120</b> <b>LAKE MARY, FL 32746</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GRAY, N. DWAYNE JR.</b> <b>GREENSPOON, MARDER, HIRSCHFELD, RAKFIN</b> <b>135 WEST CENTRAL BLVD., SUITE 1100</b> <b>ORLANDO, FL 32801</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$5,023,802.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>5,023,802.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000050762		STREET ADDRESS		
NAME	WHISTLER'S COVE, INC.		CITY - ST - ZIP		
STREET ADDRESS	615 CRESCENT EXECUTIVE COURT, SUITE 120		<b>U00000161690</b> <b>05/27/04-80006-007-535.00</b>		
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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STREET ADDRESS			CITY - ST - ZIP		
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)(b), 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.					
<b>SIGNATURE:</b> 			<b>Todd L. Borch</b> , VP 4/1/04 407-333-3233		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE