


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

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002020</b>	
1. Entity Name FOUNTAIN COURT, LTD.	

Principal Place of Business 8250 COLLEGE PARKWAY #201 FORT MYERS FL 33919	Mailing Address 8250 COLLEGE PARKWAY #201 FORT MYERS FL 33919
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MOORE CR2E003 (11/03)

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

4. FEI Number 65-0865874	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LEVAN, TERRIS T 8250 COLLEGE PARKWAY #201 FORT MYERS FL 33919
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**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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.	\$937,530.00
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10. Amount of Capital Contributions in FLORIDA to date.	937,530.00
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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**


DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
P98000068761	FCP OF SOUTH FLORIDA, INC.	8250 COLLEGE PARKWAY #201	FORT MYERS FL 33919

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY - ST - ZIP

U00000114949  
04/16/04-80004-018 526.25

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:**  TERRIS LEVAN 4/2/04 239-482-4570

STAPLE CHECK HERE