


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

**FILED
Apr 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000000743
1. Entity Name
CENTRE COURT ON 53RD, LTD.



Principal Place of Business: **1343 MAIN STREET, 5TH FLOOR
SARASOTA, FL 34336**
Mailing Address: **4255 52ND PLACE W.
BRADENTON, FL 34210**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Country Zip: Country



02122004 Chg-LP CR2E003 (10/03)
4. FEI Number: **65-0917716** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**T. MANNAUSE & COMPANY
4255 52ND PLACE WEST
BRADENTON, FL 34210**

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

B. 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: **\$4,719,247.00**
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 #	P98000015002	STREET ADDRESS	
NAME	CENTRE COURT ON 53RD, INC.	CITY-ST-ZIP	
STREET ADDRESS	1343 MAIN STREET, 5TH FLOOR		
CITY-ST-ZIP	SARASOTA, FL 34336		
DOCUMENT #		STREET ADDRESS	
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04/06/04-00018-005 535.00

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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: _____ **2/1/04** **04/26/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #