


**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.

02122004 Chg-LP CR2E003 (10/03)

City & State  
 Zip Country

4. FEI Number  
**65-0917716**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

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

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000015002</b> <b>CENTRE COURT ON 53RD, INC.</b> <b>1343 MAIN STREET, 5TH FLOOR</b> <b>SARASOTA, FL 34336</b>	STREET ADDRESS CITY-ST-ZIP	<b>000000104598</b> <b>04/06/04-00018-006 535.00</b>
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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)(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 #