


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

FILED

04 MAY 14 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B9800000490	
1. Entity Name GREYSTAR MANAGEMENT SERVICES, L.P.	

Principal Place of Business 11 STATE STREET CHARLESTON SC 29401	Mailing Address 11 STATE STREET CHARLESTON SC 29401
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 36-3858273	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

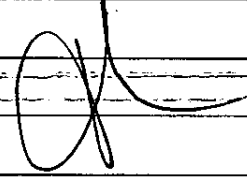
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 # NAME STREET ADDRESS CITY-ST-ZIP	F98000004328 GREYSTAR HOLDINGS, INC. 11 STATE STREET CHARLESTON SC 29401	STREET ADDRESS	
		CITY-ST-ZIP	600037839036
			06/10/04--01008--006 **158.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		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)(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:  **3/4/04** **(813) 579-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE