2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Jan 08, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # A25117 PROPERTIES, LTD.	· · · · · · · · · · · · · · · · · · ·			S	ecretar	y of State	
Principal Place of Business WHIPPOORWILL LANE RT 15 BOX 3752 LAKE CITY, FL 32024		Mailing Address WHIPPOORWILL LANE RT 15 BOX 3752 LAKE CITY, FL 32024						
2. Principal Place of Business _		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.			01072004	Chg-LP	CR2E003 (10/03)	
City & State		City & State		-	4. FEI Number 65-0004	480	Applied For Not Applicable	
Zip	Country	Country Zip Co		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent	·	T	7, Name and A	ddress of New F	legistered Agent	
				Name				
% BROAD	SHEAR, MURRAY D % BROAD & CASSEL 201 S. BISCAYNE BLVD, MIAMI CENTER #3000				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33131				City	iry Zip Code			
8. The above the obligate SIGNATURE	named entity submits this statement ions of registered agent.		s register	ed office or registe	red agent, or both,	in the State of Fk		
	Signatura, typed or physical name of registered age:	w and trills if applicable				,	DAFE	
9. Capital Co as Shown		10. Amount of Capit in FLORIDA to c	tal Contril date. 🥳	butions 1,762,20	0.60			
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN AY NOT be changed on t	NTITY M	IUST BE REGIS 1; an amendmer	TERED AND AC	TIVE WITH TH to change a g	IIS OFFICE. eneral partner.	
12.	GENERAL PARTNI		13.			ADDRESS CH		
DOCUMENT # NAME	BRADEN, JULIANNE			EET ADORESS		•		
STREET ADORESS CITY+\$T+ZIP	ROUTE 15 BOX 3752 LAKE CITY, FL		CHY	SI ZIP				
DOCUMENT # NAME			57RI	ELT ADDRESS		3 300 . 50 . 50 . 50		
STREET ADDRESS CHY-ST ZIP			GITY	'- S1-ZIP		01/08/04-	1060443 -60011-002 526.25	
DOCUMENT #			STRI	EET ADORESS		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST ZIP			CHTY	'-SY-ZIP				
DOCUMENT #		7.00	SIRE	ELI AUDRESS		1.00.00		
STREET ADDRESS CRY-ST-ZIP			City	-ST-ZIP				
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STREET ADDRESS CITY ST-ZIP			CITY	-SI-ZIP				
DOCUMENT # NAME			SIRE	ET ADDRESS				
STREET ADDRESS CITY ST 219			CHY	S1- 28P	***			
14. I hereby a indicated the receiv	perify that the information supplied wi on this report is true and accurate an er or trustee empowered to execute t	th this filing does not qualify fo d that my signature shall have his report as required by Chap	or the exe the same oter 620,	emption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), nade under oath; ii	Florida Statutes. hat I am a Genera	I further certify that the information at Partner of the limited partnership	