2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Feb 03, 2004 08:00 AM Secretary of State

	Duc Dy II	1, 2004	<u> </u>		: A B - B - F - 7 C A	cretary of State —
DOCUMENT # A9500001566 1. Entity Name IMPERIAL TOWERS PARTNERS, LTD.						ciciary of State
		. 14.77	(-	100		
Principal Place of Business 1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK, FL 32789 Mailing Address 1201 SOUTH ORLANDO AV WINTER PARK, FL 32789				UITE 360		
Principal Place of Business 3. Mailing Address			<u>-</u>	<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01082004 Chg-LP	CR2E003 (10/03)
City & State		City & State		<u></u>	4. FEI Number 59-3338886	Applied For Not Applicable
Zīp	Country Zip		Count	5. Certificate of Status Desired Fee Required		Fee Required
	5. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New !	Registered Agent
STRONG, DAVID C 1201 SOUTH ORLANDO AVE., SUITE 360 WINTER PARK, FL 32789]	Street Address (P.O. Box Number is Not Acceptab	(le)
	, ,			City		FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registere	ed office or register	red agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable.			——————————————————————————————————————	DATE
Capital Contributions as Shown on record. S1,000.00 10. Amount of Capital Contributions in FLORIDA to date.				outions		
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS	ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH THE IMPORTANT THE INTERIOR OF THE INTERI	HIS OFFICE.
12.	GENERAL PARTN	ER INFORMATION	13.	<u>, </u>		IANGES ONLY
DOCUMENT # NAME STREET ADDRESS	P97000067597 STRONG/IMPERIAL, INC. SS 1201 S. ORLANDO AVE., #360			ET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789	·	CITY-	-ST-ZIP		00070217 4-88019-017-141.25-
NAME			STRE	ET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		<u>.</u>
NAME				ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	* * * * * * * * * * * * * * * * * * * *	, Andrews
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DOCUMENT # NAME CIRCLY ADDRESS			STRE	ET ADDRESS		
STREET ADDRESS GITY-ST-ZIP			City	-ST-ZIP		7.
NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		dah ahija diliku malan ana ana		-ST-ZIP	notion (10 07(0V)) Placed - Our	Liuthor oothi, the date of the area
indicated	certify that the information supplied will on this report is true and accurate a ver or trustee empowered to execute the supplied of the control of the cont	nd that my signature shall ha	we the same	e legal effect as if r	ection 1 19.07(3)(1), Florida Statutes made under oath; that I am a Gene	s. I further certify that the information aral Partner of the limited partnership or
SIGNAT	TURE:	DNIO C. SONO	M DU	E1	1/20/04	407 679-1800
L	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING GE	ACEA TARENE	in	A Date	Lagume Phurie ₹