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

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

DOCUMENT # A97000000467

1. Entity Name

PALMER RANCH ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
359 CAROLINA AVENUE WINTER PARK FL 32789	359 CAROLINA AVENUE WINTER PARK FL 32789

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E003 (11/03)

4. FEI Number 59-3430184 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOWNING, GRANT T
222 WEST COMSTOCK AVE., SUITE 101
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable — DATE

9. Capital Contributions as Shown on record. $23,846,321.20

10. Amount of Capital Contributions in FLORIDA to date. 1,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P97000017277	STREET ADDRESS	
NAME	EPI-PALMER RANCH, INC.		000000090067
STREET ADDRESS	359 CAROLINA AVENUE ✓	CITY-ST-ZIP	03/17/04-80001-009 141.25
CITY-ST-ZIP	WINTER PARK FL 32789		
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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)(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: ______________________ 2/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #