
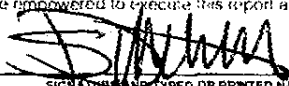


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A0000000116			
1. Entity Name SHADOW LAKES ORMOND, LTD.		2. Principal Place of Business 101 SEABREEZE BLVD., SUITE 105 DAYTONA BEACH, FL 32118	
3. Mailing Address 101 SEABREEZE BLVD., SUITE 105 DAYTONA BEACH, FL 32118		4. Filing Address 101 SEABREEZE BLVD., SUITE 105 DAYTONA BEACH, FL 32118	
2. Principal Place of Business		3. Mailing Address	
State Abb # etc		State Abb # etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DELAHUNTY, TERENCE J 111 N. ORANGE AVE., STE. 1800 ORLANDO, FL 32801		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 _____ DATE _____ <small>Signature typed or printed name of registered agent and then applied to</small>			
9. Capital Contributions as Shown on record: \$1,400,000.00		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-STATE-ZIP	L01000005358 VANGUARD INVESTMENT PROPERTIES, LLC 101 SEABREEZE BLVD., SUITE 105 DAYTONA BEACH, FL 32118	STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	L000000145565 05/03/04-80031-003 526.25
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-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: 		DATE _____ DAYTIME PHONE # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			



04222004 Chg-LP CR2E003 (10/03)

4. Fil Number 59-3618278 Applied For Not Applicable

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

STAPLE CHECK HERE