


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 29 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000000320 1. Entity Name SUNNYLAND GARDEN APARTMENTS, LTD.			
Principal Place of Business 4100 CORPORATE SQUARE #116 NAPLES, FL 34104		Mailing Address 4100 CORPORATE SQUARE #116 NAPLES, FL 34104	
2. Principal Place of Business 567 PARK ST. Suite, Apt. #, etc.		3. Mailing Address 567 PARK ST. Suite, Apt. #, etc.	
City & State NAPLES FL Zip 34102 Country		City & State NAPLES FL Zip 34102 Country	
4. FEI Number 59-3625729		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAIGOLS, JOHN T 4100 CORPORATE SQUARE, STE. 116 NAPLES, FL 34104		7. Name and Address of New Registered Agent Name JOHN T. MABOCS Street Address (P.O. Box Number is Not Acceptable) 793 8th STREET So. City NAPLES FL Zip Code 34102	
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 title if applicable.</small>			
9. Capital Contributions as Shown on record. \$100,000.00		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 #	P00000018435	STREET ADDRESS	567 PARK ST.
NAME	SUNNYLAND GARDEN APARTMENTS HOLDING CO.	CITY-ST-ZIP	NAPLES, FL 34102
STREET ADDRESS	4100 CORPORATE SQUARE #116		
CITY-ST-ZIP	NAPLES, FL 34104		
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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: John T. Mabocs <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date 4/24/04 Daytime Phone #	



04202004 Chg-LP CR2E003 (10/03)

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