


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

150.00

DOCUMENT # A00000000379		
1. Entity Name GARDENS OF DAYTONA, LTD.		

FILED
04 FEB -4 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nk



Principal Place of Business 5505 N. ATLANTIC AVE. #115 COCOA BEACH, FL 32931 US	Mailing Address 5505 N. ATLANTIC AVE. #115 COCOA BEACH, FL 32931
--	---

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

01302004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0985608	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE. SUITE 115 COCOA BEACH, FL 32931	
---	--

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	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 #	N46775	STREET ADDRESS	
NAME	AFFORDABLE HOUSING SOLUTIONS FOR FLORIDA	CITY-ST-ZIP	
STREET ADDRESS	1108 KANE CONCOURSE #307		
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154		
DOCUMENT #	L00000012912	STREET ADDRESS	
NAME	GARDENS OF DAYTONA, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	5505 N. ATLANTIC AVE. SUITE 115		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

200028698812
02/13/04--01004--015 **672.50

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: <i>James Kincaid, VP</i>	Date: 1/30/04	Daytime Phone #: 321-799-4080
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		