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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000496

1. Entity Name
INTRACOASTAL ISLES APARTMENTS ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
C/O MILLENNIUM REALTY ADVISORS 900 SE THIRD AVE., STE #201 FORT LAUDERDALE, FL 33316	C/O MILLENNIUM REALTY ADVISORS 900 SE THIRD AVE., STE #201 FORT LAUDERDALE, FL 33316

02252004 Chg-LP CR2E003 (10/03)

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

4. FEI Number: 65-0997553 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

COFFEY, KEVIN
C/O MILLENNIUM REALTY ADVISORS
900 SE THIRD AVE., STE #201
FORT LAUDERDALE, FL 33316

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: $1,700,000.00

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 #	L00000003125	STREET ADDRESS	526.25
NAME	MRA INTRACOASTAL ISLES ASSOCIATES LLC		
STREET ADDRESS	900 SE THIRD AVE., STE #201		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	600034812196
NAME			
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #