


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

526.25

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001391 1. Entity Name GRANDE COURT KISSIMMEE ASSOCIATES, LTD.	
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Principal Place of Business 703 WATERFORD WAY STE. 800 MIAMI FL 33126	Mailing Address 703 WATERFORD WAY STE. 800 MIAMI FL 33126
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 65-1042498	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800 MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE
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9. Capital Contributions as Shown on record \$7,569,673.00	10. Amount of Capital Contributions in FLORIDA to date
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 - ST - ZIP	P00000084994 GRANDE COURT KISSIMMEE, INC. 703 WATERFORD WAY, STE. 800 MIAMI FL 33126	STREET ADDRESS CITY - ST - ZIP	U000000331481 04/26/05-80020-004 526.25
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Douglas H. Bridgen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/5
Date

305-261-4330
Daytime Phone #