## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Maring Address 3030 HARTLEY ROAD, SUITE 120 MASONVILLE, FL. 32257  2. Finding Place of Business 3030 HARTLEY ROAD, SUITE 120 MASONVILLE, FL. 32257  2. Finding Place of Business 3030 HARTLEY ROAD, SUITE 120 MASONVILLE, FL. 32257  3. Mexing Address  Suite Act of Experiment of Suite Act	DOCUMENT # A0000001629  1. Entity Name FIVE POINTS HEALTH CARE, LTD.				2004 APR 21 PM 3: 39  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
SUID ADA 18 FICE  SUID APPLY 18 FICE  SUID APP	3030 HARTLE	EY ROAD, SUITE 120	3030 HARTLEY ROAD, SU			
City & State  FERNANDIAL BEACH F.  Syspandiation of Status Desired   \$8.75 Additional Fee Required  State Desired   \$8.75 Additional Fee Required  Fee Required  7. Name and Address of New Registered Agent  No. New Registered Agent  N	1900 Amelia Trace CT 1900 Amelia Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>	
GLAZIER & GLAZIER, P.A.  GLAZIER & GLAZIER, P.A.  Signal Address of New Hegistered Agent  Name HEALTH CREE Mankers, Nac.  Signal Address (P.O. Box Number is Nigl. Acceptable)  Signal Address (P.O. Box Number is	City & State FERNAN Zip	SOINA BEACH FL.	City & State	Brack Fi	59-3686144 Not Applicable  5 Certificate of Status Desired \$8.75 Additional	
The obligations of registered agent.  SIGNATURE  Signature. Typed or printed nume of registered signer and life if applicable.  9. Capital Contributions as Shown on record.  \$495,000.00  10. Amount of Capital Contributions in FLORIDA to date. 495,000.00  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT / NAME SIRET ADDRESS CITY-ST-2P  DOCUMENT / NAME STREET ADDRESS CITY-ST-2P  DOCUMENT / NAME SIRET ADDRESS CITY-ST-2P	GLAZIER 8 8761 PERI JACKSON	6. Name and Address of Current F & GLAZIER, P.A. METER PARK BLVD., SUITE 1 VILLE, FL 32216	egistered Agent	Name HEA Street Address 1900 SUITE City Feel	ALTH CARE MANAGERS, INC.  BOS. (P.O. Box Number is Not Acceptable)  AMELIA TRACE  CT  200  NANDINA BEACH FL Zip Code 32034	
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 I PO0000101309  FIVE POINTS MANAGERS, INC.  SITRET ADDRESS  CITY-ST-ZIP  JACKSONVILLE, FL 32257  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT I MAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT I MAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	the obligations of registered agent  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.  STEVEN W SEU, PRESIDENT 42014  DATE					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	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.					
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	DOCUMENT # NAME STREET ADDRESS	P00000101309 FIVE POINTS MANAGERS, INC. 3030 HARTLEY ROAD, SUITE 12		STREET ADDRESS	900 Amelia Trace Ct, Suite 200	
NAME   STREET ADDRESS   CITY-ST-ZIP   O5/11/0401071018 **526.25	NAME STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS				<b>500036064025</b> 05/11/0401071018 **526.25	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS					
DOMESTIC I	NAME STREET ADDRESS			l		
NATAE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS CITY ST-ZIP			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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  PLFS OF GRAD Date  Date						

FILED