
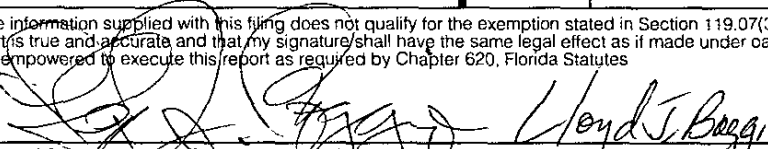


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED

04 APR -7 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000100 1. Entity Name COUNTRY MANOR ASSOCIATES, LTD.			
Principal Place of Business 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133		Mailing Address 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133	
2. Principal Place of Business 2950 SW 27 AVE Suite, Apt. #, etc. 200 City & State Miami, FL Zip 33133 Country USA		3. Mailing Address 2950 SW 27 AVE Suite, Apt. #, etc. 200 City & State Miami, FL Zip 33133 Country USA	
4. FEI Number 02-0576801		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 GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		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. \$7,503,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P01000006704	STREET ADDRESS	
NAME	COUNTRY MANOR ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2937 S.W. 27TH AVENUE, SUITE 303	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		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: 		Date 4/6/04 Daytime Phone # 305-476-8118	



MOORE CR2E003 (11/03)

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