

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY -3 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000416

1. Entity Name
SEMINOLE HOUSING PARTNERS, LTD.



Principal Place of Business
% DARYL CRAMER & ASSOCIATES P.A.
3801 PGA BLVD., SUITE 508
PALM BEACH GARDENS, FL 33410-2758

Mailing Address
% DARYL CRAMER & ASSOCIATES P.A.
3801 PGA BLVD., SUITE 508
PALM BEACH GARDENS, FL 33410-2758



03102004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1091331		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BOULEVARD STE. 508 PALM BEACH GARDENS, FL 33410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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. \$150,990.00	10. Amount of Capital Contributions in FLORIDA to date. \$150,990.00
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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 #	P01000029473	STREET ADDRESS	105 West Beaver Creek, Units 9 & 10
NAME	SEMINOLE HOUSING PARTNERS, INC.	CITY-ST-ZIP	Richmond Hill, Ontario CANADA L4B 1C6
STREET ADDRESS	105 W BEAVER CREEK, #9 & 10, RICHMOND HILL		
CITY-ST-ZIP	ONTARIO, CANADA L4B 1C6, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800036552658
STREET ADDRESS			05/18/04--01055--008 **535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:** **MAY 03/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE