


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 13, 2004 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # A01000000467 | |  |
| 1. Entity Name ACADEMY PARK ASSOCIATES, L.L.L.P. | | |

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|--|--|
| Principal Place of Business 240 SOUTH PINEAPPLE AVE., TENTH FLOOR SARASOTA, FL 34236 | Mailing Address 240 SOUTH PINEAPPLE AVE., TENTH FLOOR SARASOTA, FL 34236 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



01222004 Chg-LP CR2E003 (10/03)

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| 4. FEI Number 65-1093549 | Applied For 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 KNOWLES, CHARLES 4034 ROBERTS POINT ROAD SARASOTA, FL 34242 | 7. Name and Address of New Registered Agent 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.

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the filer, if applicable</small> | DATE _____ |
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| 9. Capital Contributions as Shown on record. \$1,065,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 # | BAND, DAVID S | STREET ADDRESS | |
| NAME | 240 SOUTH PINEAPPLE AVE., TENTH FLOOR | CITY-ST-ZIP | |
| STREET ADDRESS | SARASOTA, FL 34236 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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04/20/04-80005-005 526.25

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)(f), 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:  | David S. Band, General Partner | 3/25/04 | 941-366-6660 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | <small>Date</small> | <small>Daytime Phone #</small> |