2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	1. Entity Nam	ne	A01000000				A JEDLED 2004 FEB 23 PM 12: 32				
	Principal Place of Business 10165 N.W. 19TH STREET MIAMI, FL 33172			Mailing Address 10165 N.W. 19TH STREET MIAMI, FL 33172			-	JION OF CO LLAHASSE			
	2. Principal P	Place of Business	3. Mailing Address								
ļ	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01262004	Chg-LP	CR2E0	003 (10/0	13)	
	City & State	e		City & State			4. FÉI Number 65-11098				Applied For Not Applicable
	Zip	Zip Country		Zip Coun		ntry	. 5. Certificate of	Status Desired		\$8.75 / Fee Requ	Additional uired
}		6. Name an	nd Address of Current R	tegistered Agent		7. Name and Address of New Registered Agent Name					
		EDWARD W V. 19TH STR				Street Address (P.O. Box Number is Not Acceptable)					
	MIAMI, FL			•				<u>· </u>			
						City	FL Zip Code				
	8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					ed office or registe	red agent, or both,	in the State of Flo	orida. I am f	familiar wi	ith, and accept
	9. Capital Co as Shown o	on record. \$	10,000.00 🗸	in FLORIDA to d	Amount of Capital Contributions in FLORIDA to date.						
		A GENERAL PARTNER THAT IS A BUSINESS ENTITY M NOTE: General Partners MAY NOT be changed on the form									
Ī	12.		GENERAL PARTNER		13.			ADDRESS CHA			
	DOCUMENT # NAME		HOUSE INVESTMENT	ITS XII, LLC		REET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	10165 N.W. MIAMI, FL 3	19TH STREET 33172		CITY	Y-ST-ZIP					
	DOCUMENT # NAME	·			STRE	REET ADDRESS					
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	STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP					
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CHECK HERE	DOCUMENT #	ENT #				REET ADDRESS		11,			
	STREET ADDRESS CITY ST-ZIP				CITY	Y-ST-ZIP					
STAPLE	DOCUMENT # NAME				STRI	REET ADDRESS					,
8	STREET ADDRESS STY-ST-ZIP				CITY	Y-ST-ZIP					
	4. 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										

EDWARD W. EASTON..

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER