


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 30 AM 10:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A01000001123 1. Entity Name MEDICAL CENTER APARTMENTS, LTD.	
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Principal Place of Business % MEDICAL CENTER APARTMENTS, INC. 964 SW 10TH STREET MIAMI, FL 33130	Mailing Address % A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175
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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



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1132652	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 A&A REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175	7. Name and Address of New Registered Agent Name <u>A & A Registered Agent, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2450 SW 137 Avenue</u> <u>Suite 221</u> City <u>Miami</u> FL Zip Code <u>33175</u>
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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. SIGNATURE <u>Gretel Rodriguez, President</u> DATE <u>4/7/04</u>	
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9. Capital Contributions as Shown on record: \$900.00	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 #	P01000083522	STREET ADDRESS	
NAME	MEDICAL CENTER APARTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2450 SW 137TH AVE., SUITE 221		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 <u>José Manuel Rodriguez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
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STAPLE CHECK HERE