



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

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000018			
1. Entry Name G.L. HOMES OF SILVER FALLS ASSOCIATES, LTD.			
Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071		Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
G.L. HOMES OF MIRAMAR III CORPORATION 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071		Name	
		Street Address (P O Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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.		10. Amount of Capital Contributions in FLORIDA to date. \$4,455,000.00	
\$4,949,000.00		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 #	P01000085101	STREET ADDRESS	
NAME	G.L. HOMES OF MIRAMAR III CORPORATION	CITY - ST - ZIP	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200		
CITY - ST - ZIP	CORAL SPRINGS FL 33071		
DOCUMENT #		STREET ADDRESS	000000160326
NAME		CITY - ST - ZIP	05/13/04-80016-022 535.00
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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: 		N. Maria Menéndez, Vice President 4/26/04 954-753-1730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	