2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 28, 2004 08:00 AM Secretary of State

DOCUMENT # A0200000064 1. Entity Name CENTRE TOURAINE, LLLP							Secretary of State				
Principal Place of Business ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 Mailing Address ONE NORTH CLEMATIS WEST PALM BEACH, FL					STREET, SUITE 305 33401				-		
Principal Place of Business											
Suite, Apt, #, etc.			Suite. Apt. #, etc								
City & State			City & State			02042004	Chg-LP	CR2E00	03 (10/03)		
							4. FEI Number 14-1862	418		Applied For Not Applicable	
Zip			Zìp		Country		5. Certificate of		רי ד	8.75 Additional ee Required	
	6. Name and Address of Current Registered Agent Nam							7. Name and Address of New Registered Agent			
WIENER, DAVID J ESQ. C/O DAVID J. WIENER, P.A.					-	Street Address (P.O. Box Number is Not Acceptable)					
ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401					-						
: 1720 F ALM BEAGIS, FE 3340 \$						City			FL	Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or registered.								in the State of Flo		miliar with, and accept	
the obligations of registered agent.											
SIGNATURE Signature, speed or printed name of registered agent and title if applicable									DATE		
Sapital Contributions as Shown on record. \$300,000.00 10. Amount of Capital Contributions in FLORIDA to date.					ontribu	itions					
	A C	GENERAL PARTNER	THAT IS A BU	SINESS ENTIT	Y MU	ST BE REGIST	ERED AND AC	TIVE WITH THE	S OFFICE	ner	
12,	NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION					3. ADDRESS CHANGES ONLY					
DOCUMENT # NAME STREET ADDRESS	P02000005511 CENTRE TOURAINE, INC.				STREET	ADDRESS					
CITY-ST-ZIP	- CALLERY CELISION CONCESS,				CITY-S	T-ZIP					
DOCUMENT # NAME					STREET	ADDRESS	U00000156699 05/06/04-80003-014 526.25				
STREET ADDRESS CITY-ST-ZIP					CATY-5	7-2iP	05/06/04-88003-014 526.25				
DOCUMENT # NAME					STREET	ADDRESS	_				
STREET ADDRESS CITY-ST-ZIP					City-s	T-ZIP					
DOCUMENT # NAME					STREET	ADORESS			-		
STREET ADDRESS CITY-ST-ZIP					CAY-S	T-ZIP					
DOCUMENT# NAME					STREET	ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY-S	1- <u>2</u> 12		· · · · · · · · · · · · · · · · · · ·			
DOCUMENT # NAME					STREET	ADDRESS					
STREET ADDRESS City-St-Zip					CITY-5						
14. I hereby of indicated the receiver	certify that the on this repor ver or trustee	e information supplied wit t is true and accurate and empowered to execute the	h this filing does in that my signature is report as reput	not qualify for the re shall have the s ired by Chapter 6	exem same l 520, Fic	ption stated in Sec egal effect as if mo orida Statutes	otion 119.07(3)(i), ade under oath, ti	Florida Statutes. I nat I am a General	further certif Partner of th	y that the information ne limited partnership or	

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