


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

DOCUMENT # A02000000822		
1. Entity Name TALLY HO! VENTURE I, L.L.P.		

Principal Place of Business 5145 CITY ST. ORLANDO, FL 32839	Mailing Address 5145 CITY ST. ORLANDO, FL 32839
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2. Principal Place of Business 319 N MAGNOLIA AVE Suite, Apt. #, etc.	3. Mailing Address 319 N MAGNOLIA AVE Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32801	Country USA

6. Name and Address of Current Registered Agent SLATER, JOEL K 5145 CITY ST. ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name: JEANNIE L. SKELLEY Street Address (P.O. Box Number is Not Acceptable): 319 N MAGNOLIA AVE City: ORLANDO FL Zip Code: 32801	
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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: *Jeannie L. Skelley* JEANNIE L. SKELLEY DATE: 4-8-04

9. Capital Contributions as Shown on record. \$3,592,860.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000007343 EAGLE I, LLC 8988 LAKE CHARITY DRIVE MAITLAND, FL 32794	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L02000009229 ELKAR STUDENT HOLDINGS, LLC 5145 CITY STREET ORLANDO, FL 32839	STREET ADDRESS CITY-ST-ZIP	319 N MAGNOLIA AVE ORLANDO FL 32801
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300035819463 05/10/04--01068--019 **526.25
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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: *HAEMERSTON* 4/12/04 407-902-2502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE