

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A02000000862

1. Entity Name
 ANCHOR - FAIRMOUNT/LAKEVIEW, LTD.



Principal Place of Business
 500 SOUTH FLORIDA AVENUE, SUITE 700
 LAKE LAND, FL 33801

Mailing Address
 500 SOUTH FLORIDA AVENUE, SUITE 700
 LAKE LAND, FL 33801



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01152004 Chg-LP CR2E003 (10/03)

4. FEI Number
 02-0621513

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCFARLANE, PETER A P.A.
 500 SOUTH FLORIDA AVENUE, SUITE 700
 LAKE LAND, FL 33801

7. Name and Address of New Registered Agent
 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 _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$500,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	L02000017716	STREET ADDRESS	
NAME	ANCHOR MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	500 S. FLORIDA AVE., #700		
CITY-ST-ZIP	LAKE LAND, FL 33801		
DOCUMENT #		STREET ADDRESS	U000000160322
NAME		CITY-ST-ZIP	05/13/04-80016-018 535.00
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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: Kim S. Kelley 4/29/04 863-641-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Kim S. Kelley

STAPLE CHECK HERE