


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001327</b>	
1. Entity Name BILTMORE GROVE ESTATES, LTD.	

Principal Place of Business BRICKELL BAYVIEW CENTER 80 SW 8TH STREET, STE. 1870 MIAMI, FL 33130	Mailing Address BRICKELL BAYVIEW CENTER 80 SW 8TH STREET, STE. 1870 MIAMI, FL 33130
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

03262004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-2311174	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  KAHN, S. LAWRENCE III BRICKELL BAYVIEW CENTER 80 SW 8TH STREET, STE. 1870 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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	DATE
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9. Capital Contributions as Shown on record. \$1,000.00	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 #	P02000096678	STREET ADDRESS	
NAME	LOWELL AT BILTMORE GROVE, INC.	CITY-ST-ZIP	
STREET ADDRESS	80 SW 8TH STREET, STE. 1870		
CITY-ST-ZIP	MIAMI, FL 33130		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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)(f), 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: 	Date: 4/14/04	Daytime Phone #: (305) 557-8000
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STAPLE CHECK HERE