

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000001568

1. Entity Name
ST. ANDREWS AT KINGS POINT, TAMARAC, LTD.



Principal Place of Business
2828 CORAL WAY PH-1
MIAMI, FL 33145

Mailing Address
2828 CORAL WAY PH-1
MIAMI, FL 33145

535.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004

Chg-LP

CR2E003 (10/03)

4. FEI Number
27-0042127

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, ANGEL
2828 CORAL WAY PH-1
MIAMI, FL 33145

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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 # **L02000006613**
 NAME **TRG-TAMARAC, LLC** ✓
 STREET ADDRESS **2828 CORAL WAY PH-1**
 CITY-ST-ZIP **MIAMI, FL 33145**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P02000113719**
 NAME **LENNAR-TAMARAC-APARTMENTS, INC.** ✓
 STREET ADDRESS **1015 NORTH STATE ROAD 7 BAY C**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

STREET ADDRESS

CITY-ST-ZIP

U00000001872
03/03/04-80004-001 535.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 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:

Angel Hernandez

ANGEL HERNANDEZ
VICE-PRESIDENT

2-12-04

305
460-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE