2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A0200001664							n	
1. Entity Name 19TH AVENUE TOWNHOUSE PARTNERS, LTD.							***************************************	
Discount Class of Cusiness				2004 MAY -4 ·A 8: 03				
Principal Place of Business 16415 MIZNER CLUB DRIVE DELRAY BEACH, FL 33446 Mailing Address 16415 MIZNER CLUB DR DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Address Mailing Address								
	8.1=18. ROGERS CIRCLE SUITE 3.1	Sulfel 84 6 PROGERS CIRCLE SUITE 31			01192004	Chg-LP	CR2E003 (10/03)	
City & Bo	CA RATON, FL 33487	Cit BOCA RATON, FL 33487		3487	4. FEI Number 14-18631	13	Applied For Not Applicable	
Zip	Country Zip		Cour	ntry	5. Certificate of		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Ac	dress of New F	Registered Agent	
19TH AVFI	NUE TOWNHOUSE PARTNE		Name					
16415 MIZNER CLUB DRIVE				Street Address (P.O. B) 8 Light ROGER Contable). LE				
DELKAY B	BEACH, FL 33446				BOCA RATON, FL 33487			
J.				City	DOGNIO		Zip Code	
	named entity submits this statement for	or the purpose of changing its	s register	L ed office or register	red agent, or both,	in the State of Fl		
the obligati	ions of registered agent.							
SIMATURE -	Signature, typed or printed name of registered agent						DATE	
9., Capital Cor	ntributions \$7,500.00	10. Amount of Capit in FLORIDA to d		butions 325 00	00			
	A GENERAL PARTNER NOTE: General Partners M			IUST BE RÉGIST	TERED AND AC			
12.	GENERAL PARTNE		13.			ADDRESS CH		
DOCUMENT # NAME	P02000130942 19TH AVENUE TOWNHOUSE PARTNERS, INC.			EET ADDRESS	SUITE 31			
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP	BOCA RATON, FL 33487			
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STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP	T.,	* ~		
14. I hereby of indicated the receiv	certify that the information supplied wit on this report is true and accurate and ver or trustee empowered to execute the	n tris filing does not qualify for it that my signature shall have his report as required by Chai	or the exe whe sam oter 620,	emption stated in Se le legal effect as if n Florida Statutes	made under oath; th	nat I am a Gener	I further certify that the information al Partner of the limited partnership of	
SIGNAT	URE: SIGNATURE AND TYPES O	R PRINTED NAME OF SIGNING GENER	AL DADTO	1/m-	4	-15.04	Daylime Phone #	
	SIGNATURE AND TYPED O	TOTAL TAME OF SIGNING GENER	PARIN	E1		nsia ,	□aytime Phone €	