


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004


DOCUMENT # A02000001681	
1. Entity Name G.L. HOMES OF BOYNTON BEACH ASSOCIATES XII, LTD.	

Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent G.L. HOMES OF BOYNTON BEACH XII CORPORATIO 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071

FILED
2004 JUN 14 PM 5:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 65-0791281	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 Signature, typed or printed name of registered agent and title if applicable.		DATE
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$990.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
STREET ADDRESS	G.L. HOMES OF BOYNTON BEACH XII CORPORATIO	CITY-ST-ZIP	
CITY-ST-ZIP	1401 UNIVERSITY DRIVE SUITE 200		
	CORAL SPRINGS FL 33071		
DOCUMENT #		STREET ADDRESS	800038052418
NAME		CITY-ST-ZIP	06/18/04--01006--013 **141.25
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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: 	DATE: 4/26/04	DAYTIME PHONE #: 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Maria Menendez, Vice President		

STAPLE CHECK HERE