


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

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001707</b> 1. Entity Name <b>DRIFTWOOD ACRES MOBILE PARK, LTD.</b>					
Principal Place of Business <b>4800 GRIFFIN RD.          DAVIE, FL 33314</b>			Mailing Address <b>4800 GRIFFIN RD.          DAVIE, FL 33314</b>		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>36-4516894</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SETH E. ELLIS, P.A.          2600 NORTH MILITARY TRAIL, STE. 290          BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	
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				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$990.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P02000133644		STREET ADDRESS		
NAME	ELSON MANAGEMENT CORP.		CITY - ST - ZIP		
STREET ADDRESS	4800 GRIFFIN RD.		STREET ADDRESS		
CITY - ST - ZIP	DAVIE, FL 33314		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/29/04 <small>Date</small>		
			9545840694 <small>Daytime Phone #</small>		

STAPLE CHECK HERE