


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000419					
1. Entity Name ELIZABETH ARMS APARTMENTS, LTD.					
Principal Place of Business 1520 ROYAL PALM SQUARE BLVD., SUITE 360 FORT MYERS, FL 33919			Mailing Address 1520 ROYAL PALM SQUARE BLVD., SUITE 360 FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0510042	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMLIN, CURTIS D ESQ. C/O PORGES, HAMLIN, KNOWLES, & PROUTY, PA 1205 MANATEE AVENUE WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name: DOWEN A ARNOLD, ESQ. Street Address (P.O. Box Number is Not Acceptable): 1520-360 ROYAL PALM SQ BLVD. City: FT MYERS FL Zip Code: 33919	
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] DOWEN A ARNOLD, ESQ. DATE: 4/24/04					
9. Capital Contributions as Shown on record. \$7,500.00		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 #	P03000029593			STREET ADDRESS	
NAME	ELIZABETH ARMS APARTMENTS, INC.			CITY-ST-ZIP	
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., SUITE 360				
CITY-ST-ZIP	FORT MYERS, FL 33919				
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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: [Signature] DOWEN A ARNOLD PRES. ELIZABETH ARMS APARTMENTS, INC.				Date: 4/24/04 Daytime Phone #: 2392758029	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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