

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JUN -7 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A03000000420

1. Entity Name
LAUREL GARDENS, LTD.



Principal Place of Business
**1520 ROYAL PALM SQUARE BOULEVARD
SUITE 360
FORT MYERS, FL 33919**

Mailing Address
**1520 ROYAL PALM SQUARE BOULEVARD
SUITE 360
FORT MYERS, FL 33919**

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04232004 Chg-LP CR2E003 (10/03)

4. FEI Number
03-0510034

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HAMLIN, CURTIS D ESQUIRE
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent
Name **BOWEN A ANNOLD ESQ**
Street Address (P.O. Box Number is Not Acceptable)
1520-360 ROYAL PALM SQ 360
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 **BOWEN A ANNOLD, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000029077 LAUREL GARDENS, INC. 1520 ROYAL PALM SQUARE BLVD, SUITE 360 FORT MYERS, FL 33919	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	N44877 LEE COUNTY HOUSING DEVELOPMENT CORP 1288 N. TAMiami TRAIL FT MYERS, FL 33901	STREET ADDRESS CITY-ST-ZIP	800037869618 06/11/04--01029--003 **141.25
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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: **BOWEN A ANNOLD, PRES, LAUREL GARDENS, LTD** DATE **4/24/04** DAYTIME PHONE # **239 295 8025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE