

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000427					
1. Entity Name FONTANA ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 825 PARKWAY STREET PARKWAY PLAZA, SUITE 4 JUPITER, FL 33477 US			Mailing Address 825 PARKWAY STREET PARKWAY PLAZA, SUITE 4 JUPITER, FL 33477 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0780489	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASH, THOMAS C II 625 COURT STREET SUITE 200 CLEARWATER, FL 33756				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee is applicable.</small>					
9. Capital Contributions as Shown on record. <i>1650.000</i>			10. Amount of Capital Contributions in FLORIDA to date. \$650,000.00		
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	L03000009747 FONTANA APARTMENT ASSOCIATES, LLC 825 PARKWAY STREET, SUITE 4 JUPITER, FL 33477		STREET ADDRESS CITY-ST-ZIP	500031195215 03/25/04--01036--026 **526.25	
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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: <i>Daniel E. Lubbeck</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: <i>3/24/04</i> Daytime Phone #: <i>(561) 745-8345</i>		

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