

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000475

1. Entity Name
MIAMI RESIDENCES HOLDCO, LTD.



Principal Place of Business
**140 INTRACOASTAL POINTE DRIVE, SUITE 410
JUPITER, FL 33477**

Mailing Address
**140 INTRACOASTAL POINTE DRIVE, SUITE 410
JUPITER, FL 33477**

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

**DEG CAPITAL G.P. I INC.
140 INTRACOASTAL POINTE DRIVE, SUITE 410
JUPITER, FL 33477**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600036070866

05/11/04--01085--006 **526.25

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. **\$6,571,430.00**

10. Amount of Capital Contributions
in FLORIDA to date.

5,752,446

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

DOCUMENT # **F97000005105**
NAME **DEG CAPITAL G.P. I INC.**
STREET ADDRESS **140 INTRACOASTAL POINTE DRIVE, SUITE 410**
CITY-ST-ZIP **JUPITER, FL 33477**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

04 APR 29 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03222004 Chg-LP CR2E003 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

STAPLE CHECK HERE