



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000601 1. Entity Name ESTATE HOMES AT AVONLEA, LTD.	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01282004 Chg-LP CR2E003 (10/03)

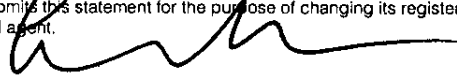
4. FEI Number 72-1563185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

Principal Place of Business 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021
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2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900	3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900
City & State Aventura - FL	City & State Aventura - FL
Zip 33180	Country USA

6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name: Roth, Leonard A. Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave # 900 City: Aventura FL 33180
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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: 02/24/04

9. Capital Contributions as Shown on record. \$2,336,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 2,821,421
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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 #	P02000070041	STREET ADDRESS	18851 NE 29th Ave Suite 900
NAME	AVONLEA DEVELOPMENT, CORP.	CITY-ST-ZIP	Aventura, FL 33180
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 360		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200030564372
STREET ADDRESS			03/16/04--01063--009 **526.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:  **Fernando Ron Giza, Director Treasurer** 02/24/04 486-279-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE