

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004

FILED

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CLERK OF COURT  
TALLAHASSEE FLORIDA

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06252004 Chg-LP CR2E003 (10/03)

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<b>DOCUMENT # A03000000935</b>					
1. Entity Name 2911 PROPERTIES, LTD.					
Principal Place of Business 358 VIRGINIA DRIVE WINTER PARK, FL 32789			Mailing Address 358 VIRGINIA DRIVE WINTER PARK, FL 32789		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>75-3120977</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KING, DAVID B 358 VIRGINIA DRIVE WINTER PARK, FL 32789			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 title if applicable.</small>					
9. Capital Contributions as Shown on record: <b>\$49,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000071167		STREET ADDRESS		
NAME	2911 MANAGEMENT, INC.		CITY-ST-ZIP	100038938551	
STREET ADDRESS	358 VIRGINIA DRIVE			07709704--01049--002 **435.25	
CITY-ST-ZIP	WINTER PARK, FL 32789				
DOCUMENT #			STREET ADDRESS		
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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: <i>Marilyn M. King</i>			6/27/04 407 629 2605		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Marilyn M. King</i>			Date Daytime Phone #		

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