


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 MAY -4 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000001374</b>			
1. Entity Name <b>COURTNEY MEADOWS APARTMENTS, LLLP</b>			
Principal Place of Business <b>5115 N.W. 17TH TERRACE, 39A FT. LAUDERDALE, FL 33309</b>		Mailing Address <b>5115 N.W. 17TH TERRACE, 39A FT. LAUDERDALE, FL 33309</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04202004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>02-0707702</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PAPAGEORGE, SPYROS 5115 N.W. 17TH TERRACE, 39A FT. LAUDERDALE, FL 33309</b>		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>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>	
<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 #	P03000103704	STREET ADDRESS	
NAME	COURTNEY MEADOWS APARTMENTS GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	5115 N.W. 17TH TERRACE, 39A		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
11. 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: <b>SPYROS PAPAGEORGE</b>		PRESIDENT 4/29/04 954 267 9190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

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