

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

APPROVED
AND
FILED

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

DOCUMENT # A03000001374				
1. Entity Name COURTNEY MEADOWS APARTMENTS, LLLP				
Principal Place of Business 5115 N.W. 17TH TERRACE, 39A FT. LAUDERDALE, FL 33309		Mailing Address 5115 N.W. 17TH TERRACE, 39A FT. LAUDERDALE, FL 33309		
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 PAPAGEORGE, SPYROS 5115 N.W. 17TH TERRACE, 39A FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		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: \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. 0		
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 #	P03000103704	STREET ADDRESS		
NAME	COURTNEY MEADOWS APARTMENTS GP, INC.	CITY-ST-ZIP		
STREET ADDRESS	5115 N.W. 17TH TERRACE, 39A	STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS		
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NAME		CITY-ST-ZIP		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: SPYROS PAPAGEORGE		<i>[Signature]</i>	PRESIDENT 4/29/04 954 267 8190	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>	

STAPLE CHECK HERE

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