

# 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

<b>DOCUMENT # A03000001405</b>					
<b>1. Entity Name</b> MERMAIDS MANOR COMMUNITY LLLP					
<b>Principal Place of Business</b> 1017 THOMASVILLE RD., STE. A TALLAHASSEE FL 32303			<b>Mailing Address</b> 1017 THOMASVILLE RD., STE. A TALLAHASSEE FL 32303		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  REGAN, HAROLD 1017 THOMASVILLE RD., STE. A TALLAHASSEE FL 32303			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions</b> as Shown on record.		\$815,000.00		<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	
<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	PERLMAN, STUART <del>4115 OLD WOODBURN AVE STE 471</del> <del>BIRMINGHAM MI 48009</del>		STREET ADDRESS CITY-ST-ZIP	6110 Rocky Spring Rd. Bloomfield Hills, MI 48301	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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<b>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</b>					
<b>SIGNATURE:</b>			Stuart Perlman <span style="float: right;">6/28/04</span> 248-258-8820 <small>Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #</small>		

FILED  
04 JUL -1 AM 9:39  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

\$526.25