

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


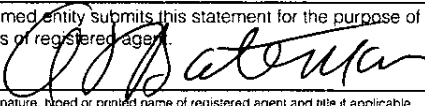
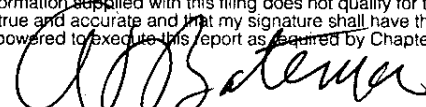
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

DOCUMENT # A03000001582			
1. Entity Name SAN MARINO AT MIROMAR LAKES LIMITED PARTNERSHIP			
Principal Place of Business 4770 ALBERTON COURT, SUITE 2602 NAPLES FL 34105		Mailing Address 4770 ALBERTON COURT, SUITE 2602 NAPLES FL 34105	
2. Principal Place of Business 4770 Alberton Court Suite, Apt. #, etc. #2602		3. Mailing Address 4770 Alberton Court Suite, Apt. #, etc. #2602	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34105	Country U.S.A.	Zip 34105	Country U.S.A.
6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34105		7. Name and Address of New Registered Agent Name Bateman, Arthur L. Street Address (P.O. Box Number is Not Acceptable) 4770 Alberton Court, #2602 City Naples FL Zip Code 34105	
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 <u>2/18/04</u>			
9. Capital Contributions as Shown on record. \$1,735,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,735,000.00	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000122653 SAN MARINO AT MIROMAR LAKES, INC. 4770 ALBERTON COURT, SUITE 2602 NAPLES FL 34105	STREET ADDRESS CITY-ST-ZIP	4770 ALBERTON COURT, SUITE 2602 Naples, FL 34105
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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:  DATE <u>2/18/04</u> DAYTIME PHONE # <u>239.430.1012</u>			

STAPLE CHECK HERE