

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 # A03000001680

1. Entity Name
 HARBOUR WALK TAMPA APARTMENTS, LTD.



Principal Place of Business
 6700 CASA GRANDE WAY
 DELRAY BEACH, FL 33446

Mailing Address
 6700 CASA GRANDE WAY
 DELRAY BEACH, FL 33446


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4815 E. BUSCH BLVD.
 Suite, Apt. #, etc.
SUITE 208

City & State
 TAMPA, FL

Zip
 33617

Country
 USA



04212004 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0449621

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6- Name and Address of Current Registered Agent

STEINBERG, LAWRENCE B
 6700 CASA GRANDE WAY
 DELRAY BEACH, FL 33446

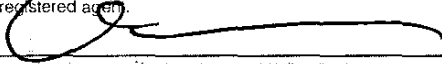
7. Name and Address of New Registered Agent

Name
DAVID GORDON

Street Address (P.O. Box Number is Not Acceptable)
OWNERS PROPERTY MANAGEMENT
4815 E. BUSCH BLVD., SUITE 208

City
TAMPA FL Zip Code
33617

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  **DAVID GORDON, AGENT** DATE

9. Capital Contributions as Shown on record: **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P03000142280	STREET ADDRESS	
NAME	HARBOUR WALK GP INC.	CITY-ST-ZIP	
STREET ADDRESS	6700 CASA GRANDE WAY		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:  **4/29/04** **813-287-1078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE