


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

<b>DOCUMENT # A04000000023</b>	
1. Entity Name <b>LAKE WORTH VIEW LIMITED PARTNERSHIP</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -8 PM 4: 04

Principal Place of Business <b>140 ROYAL PALM WAY, SUITE 102 PALM BEACH, FL 33480</b>	Mailing Address <b>140 ROYAL PALM WAY, SUITE 102 PALM BEACH, FL 33480</b>
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2. Principal Place of Business		3. Mailing Address		02132004	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  <b>GRAY, HAROLD 140 ROYAL PALM WAY, SUITE 102 PALM BEACH, FL 33480</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
	<b>MIREN DU PONT SANCHEZ</b>			
	<b>401 WALL STREET (AT GIMLET)</b>			
	<b>KETCHUM, ID 83340</b>			
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP	

**400031173024**  
**03/25/04 01025 018 \*\*141.25**

STAPLE CHECK HERE

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:  <b>Miren du Pont Sanchez</b>	2-20-04	561-655-1052
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>