


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 26 AM 8:33

<b>DOCUMENT # A04239</b> 1. Entity Name BEACHWOOD APARTMENTS, LTD.		
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Principal Place of Business 4000 ST. JOHNS AVE. #26 JACKSONVILLE, FL 32205	Mailing Address 4000 ST. JOHNS AVE. #26 JACKSONVILLE, FL 32205
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1382664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALTON, W. H. 4000 ST. JOHNS AVE. JACKSONVILLE, FL 32205		Name	
		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00	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 #	BREEN, ROBERT E.	STREET ADDRESS	100032723241
NAME	4000 ST. JOHNS AVE.	CITY-ST-ZIP	04/14/04--01021--005 **158.75
STREET ADDRESS	JACKSONVILLE, FL		
CITY-ST-ZIP			
DOCUMENT #	WALTON, W.H., JR.	STREET ADDRESS	
NAME	4000 ST. JOHNS AVE.	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE, FL		
CITY-ST-ZIP			
DOCUMENT #	WEED, JOSEPH D., JR.	STREET ADDRESS	
NAME	4000 ST. JOHNS AVE.	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: res. H. Walton 3-19-04 904/388-2225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE