


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

DOCUMENT # A04724 1. Entity Name POINTE WEST MOBILE HOME PARK, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -3 PM 3:12

Principal Place of Business 12651 SEMINOLE BLVD., LARGO FL 33778	Mailing Address POINTE WEST, LTD. MANAGEMENT OFFICE 13225 101ST STREET LARGO FL 33773
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MOORE CR2E003 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-1640620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LUCZAK, DAVID A., P.A. 3233 EAST BAY DRIVE SUITE 103 LARGO FL 33771	

7. Name and Address of New Registered Agent	
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. \$266,274.81	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	<i>change Suite #</i>
STREET ADDRESS	GOTTLIEB, HOWARD L.	CITY-ST-ZIP	
CITY-ST-ZIP	1007 CHURCH STREET, SUITE 408		
	EVANSTON IL 60201		
DOCUMENT #	NAME	STREET ADDRESS	700030302477
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			03/11/04--01035--009 **526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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: *Howard L. Gottlieb* **Howard L. Gottlieb** *2/24/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE