


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A06953	
1. Entity Name PEMBROKE TOWER, LTD.	

Principal Place of Business C/O ARBOR PROPERTIES, INC. 2750 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301	Mailing Address C/O ARBOR PROPERTIES, INC. 2750 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301
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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

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1106536	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KENNY, JOHN C ESQ. 241 EAST 6TH STREET TALLAHASSEE, FL 32303	

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
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9. Capital Contributions as Shown on record. \$0.00	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	
DOCUMENT #	P31581
NAME	ARBOR PROPERTIES, INC.
STREET ADDRESS	2750 OLD ST. AUGUSTINE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

05/07/04-80033-013 150.00

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: <i>William G. Thomas, Jr.</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: 4/30/04	Daytime Phone #: 850-656-7667
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STAPLE CHECK HERE