
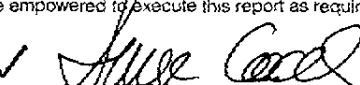



2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A12242			
1. Entity Name WHISPERWOOD ASSOCIATES, LTD.			
Principal Place of Business 4100 N.W. 28TH LANE GAINESVILLE FL 32601		Mailing Address 4100 N.W. 28TH LANE GAINESVILLE FL 32601	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-3167043		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 HOGUE, ANITA REO PROPERTIES 2100 APALACHEE PKWY, #8B TALLAHASSEE FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$1,522,500.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	G99176900007	STREET ADDRESS	
NAME	AMREAL FLORIDA ASSOCIATE	CITY - ST - ZIP	
STREET ADDRESS	4184 PALISADES RD.		
CITY - ST - ZIP	SAN DIEGO CA 92116		
DOCUMENT #	G93081000025	STREET ADDRESS	
NAME	ABCS INVESTORS	CITY - ST - ZIP	
STREET ADDRESS	1440 NORTHWEST HWY. #240		
CITY - ST - ZIP	PARK RIDGE IL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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: 		3/22/04 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		Daytime Phone # 69-990-8510	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE