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

Karlinara

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SIGNATURE:

## Mar 24, 2004 08:00 AM Secretary of State **DÖCUMENT # A12874** ORLÁNDO HOUSING INVESTORS, LTD. Principal Place of Business Mailing Address 2120 DREW ST. 2120 DREW ST. CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 59-2217487 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUNK, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 2120 DREW ST. CLEARWATER, FL 33765 City Zip Code FL 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 — Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$50.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # 590286 STREET ADDRESS J.R.S. EQUITIES, INC. NAME STREET ADDRESS 2120 DREW STREET CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL DOCUMENT # STREET ADDRESS NAME <del>U00000095445</del> STREET ADDRESS CITY-ST-ZIP 03/24/04-80032-013 141.25 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

TREASURER I.R.S. FOURTZES, INC. 3/11/04

**FILED**