


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

DOCUMENT # A13268 1. Entity Name SPRINGWOOD ASSOCIATES, LTD.		<div style="text-align: center;">  </div>	
Principal Place of Business 1001 MANATH AVENUE CORAL GABLES FL 33146		Mailing Address 1001 MANATH AVENUE CORAL GABLES FL 33146	
2. Principal Place of Business 8275 SW 86 Terrace		3. Mailing Address 8275 SW 86 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, Florida	
Zip 33143		Zip 33143	
Country USA		Country USA	
4. FEI Number 59-2239733		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 GONZALEZ, WALTER B 2601 SOUTH BAYSHORE DR., SUITE 600 MIAMI FL 33133		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 <u>Walter Gonzalez</u> DATE <u>04/20/04</u>			
9. Capital Contributions as Shown on record. \$616,250.00		10. Amount of Capital Contributions in FLORIDA to date. \$ 25,000	
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 # L03000021837 NAME CALYCANTO LIMITED LIABILITY COMPANY STREET ADDRESS 8275 S.W. 86TH TERRACE CITY-ST-ZIP MIAMI FL 33143		STREET ADDRESS CITY-ST-ZIP 100037869814 06/11/04--01022--017 **263.75	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: <u>Walter Gonzalez</u>		Date <u>04/20/04</u> Daytime Phone # <u>305/273-0311</u>	

FILED

04 MAY 26 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



MOORE CR2E003 (11/03)

526