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

John P. Mudd

SIGNATURE:

	DUE DY N	IAT 1, 2004				GA	
DOCUMENT # A13963 1. Entity Name					FILED SECRETARY OF S CMIGHT OF CORPO	STATE EATIONS	
BAY COLONY ASSOCIATES, LTD.					04 APR -6 AM 1		
Principal Plac	e of Business	Mailing Address		·			
5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334		5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E003 (11/03)			
City & State		City & State		4. FEI Number 59-2379622	Applied For Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere	ed Agent	
	N				thy C. Lincoln, Esq.		
	MUDD, JOHN				Street Address (P.O. Box Number is Not Acceptable)		
	1 NORTH DIXIE HIGHWAY	SUITE 420		Downtown Legal Center			
FI.	FT. LAUDERDALE FL 33334			46 N. E. 6th Street			
_				City Zip Code			
				Miami			
		or the purpose of changing its	register	ed office or registe	red agent, or both, in the State of Florida. I a	am familiar with, and accept	
ine obliga	tions of registered agent.		_		4 17 15	0/15/0/	
SIGNATURE	TimoTax C- Live	1n, V.P.	3/15/04				
Signature, typed or prifted name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL.							
,	on record. \$123,750.00	in FLORIDA to da		bullons	SEE REVERSE SIDE	化二溴甲酚 化二甲烷二酰胺 电二十二元 化二氯二甲烷 化二磺二磺酸乙	
					TERED AND ACTIVE WITH THIS OFF		
				i; an amendme	nt must be filed to change a general		
12.	GENERAL PARTNE	R INFORMATION	13.	· ,	ADDRESS CHANGES	ONLY	
DOCUMENT # NAME	ENT # F73634 BAY COLONY APARTMENT CRP			EET ADDRESS			
1	STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 4		F 420				
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	OTTE 420	CIT				
DOCUMENT #	MENT / ADDRESS		STRI	EET ADDRESS	· · · · · ·		
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CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP			r-st-zip			
14. I hereby indicated the rece	certify that the information supplied wi d on this report is true and accurate an iver or trustee empowered to execute t	th this filing does not qualify for d that my signature shall have his report as required by Chapt	the exe the sam ter 620	embtion stated in S e legal effect as if Folica Statutes	ection 119.07(3)(i), Florida Statutes. I further made under oath; that I am a General Partne	certify that the information or of the limited partnership c	

(954) 202-1998

Daytime Phone #

3/15/04