


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

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

DOCUMENT # A14220 1. Entity Name BENTWOOD ASSOCIATES, LTD.	
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Principal Place of Business 6929 W. UNIVERSITY AVE. GAINESVILLE FL 32607	Mailing Address 6929 W. UNIVERSITY AVE. GAINESVILLE FL 32607
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MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 95-3802468	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent HOGUE, ANITA REO PROPERTIES 2100 APALACHEE PARKWAY, 8B TALLAHASSEE FL 32301
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$1,781,250.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G99176900007	STREET ADDRESS	
NAME	AMREAL FLA. ASSOCIATES	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	3400 DUNDEE RD., #200		
CITY-ST-ZIP	NORTHBROOK 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			

00000104656
04/06/04 00021-010-526.25

STAPLE CHECK HERE

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: *Alisa Cook* Date: 3/22/04 (614) 990-8510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER