


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

**FILED
Mar 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # A14427					
1. Entity Name EUREKA GARDEN ASSOCIATES NO. 1 LIMITED PARTNERSHIP					
Principal Place of Business 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205		Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02242004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-2353559	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE, FL 32205			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, \$1,475,162.00		10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	WALTON, WILLIAM H. JR.		STREET ADDRESS		
NAME	3811 MCGIRTS BLVD.		CITY-ST-ZIP		
STREET ADDRESS	JACKSONVILLE, FL				
CITY-ST-ZIP					
DOCUMENT #	WEED, JOSEPH D. JR.		STREET ADDRESS		
NAME	4334 MCGIRTS BLVD.		CITY-ST-ZIP		
STREET ADDRESS	JACKSONVILLE, FL				
CITY-ST-ZIP				1100000104275 04/06/04-80003-001 526.25	
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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)(f), 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: <i>W. H. Walton Jr.</i>			3-19-04 904/388-2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE