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

City & State	
7520 ORIOLE ST. JACKSONVILLE FL 32208  2. Principal Place of Business  Suite, Apt. #, etc.  MOORE  CR2E003 (11/03)  City & State  City & State  Cuntry  Zip  Country  Zip  Country  State  Country  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  City  FL  Zip Co  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  City  FL  Zip Co  City  FL  Zip Co  Annual Countributions  Street Address of Policy State  Countributions  Street Address of Policy State  Countributions  Street Address of Policy State  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 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  STREET ADDRESS  CITY-ST-Zip  CITY-ST-Z	lot Applicable
7520 ORIOLE ST. JACKSONVILLE FL 32208  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  MOORE CR2E003 (11/03)  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Street Address of Status Desired  8. 75 Adress of Status Desired  Status Desired  State Require  HEALD, DAVID E  Street Address (P.O. Box Number is Not Acceptable)  TO OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  City  FL  Zip Co  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  Street Address (P.O. Box Number is Not Acceptable)  To OAK HAMMOCK DR.  The showe named entity submits this subtement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the State of Florida. I am familiar with the Obligations of registered agent, or both, in the S	lot Applicable
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City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S8.75 Ad Fee Require  7. Name and Address of New Registered Agent  Name  HEALD, DAVID E  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  City  FL  Zip Co  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  City  FL  Zip Co  City  FL  Zip Co  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 the obligations of registered agent.  SIGNATURE  9. Capital Contributions 3 Spanure, typed or ponder area of registered agent and tire if applicable.  9. Capital Contributions 3 Sponsor on record.  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT /  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  COCCUMENT /  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  COCCUMENT /  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  COCCUMENT /  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  COCCUMENT /  NAME  STREET ADDRESS  CITY-ST-ZIP  COCCUMENT /  STREET ADDRESS  CITY-ST-ZIP  COCCUMENT /  NAME  STREET ADDRESS  CITY-ST-ZIP  COCCUMENT /  NAME  STREET ADDRESS  CITY-ST-ZIP  C	lot Applicable
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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 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE  SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING GENERAL PARTNER  Date  Date	e information