

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

DOCUMENT # A15253

1. Entity Name

1215 LOUISIANA PARTNERSHIP, LTD.



FILED

2004 APR 21 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1100 N. NEW YORK AVENUE
WINTER PARK FL 32789

Mailing Address

P.O. BOX 2173
WINTER PARK FL 32790

2. Principal Place of Business

315 E. Robinson St

3. Mailing Address

P.O. Box 2173

Suite, Apt. #, etc.

Suite 160

Suite, Apt. #, etc.

70

City & State

Orlando, Fla.

City & State

Winter Park Fla.

Zip

32801

Country

USA

Zip

32790

Country

USA



MOORE

CR2E003 (11/03)

4. FEI Number

59-2317467

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, JAMES E.
1100 N. NEW YORK AVE.
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

315 E - Robinson Street

Suite 160

City Orlando

FL

Zip Code
32801

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$52,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT #
NAME COOPER, JAMES E.
STREET ADDRESS 1100 N. NEW YORK AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100035831751
05/10/04--01107--034 **467.80

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:

James E. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-04

Date

Daytime Phone #

STAPLE CHECK HERE