


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 26 AM 9:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A17405
 1. Entity Name
SIGNATURE GARDENS LTD.



Principal Place of Business
 12725 S.W. 122ND AVENUE
 MIAMI, FL 33186

Mailing Address
 6900 STATE ROAD 84
 DAVIE, FL 33317

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
12725 S.W. 122 AVE.
 Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33186 Country



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2480157

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BERLIN, JEROME C.
 12725 SW 122ND AVENUE
 MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name **SAM MANCUSO**
 Street Address (P.O. Box Number is Not Acceptable)
6900 STATE ROAD 84
 City **DAVIE** FL Zip Code **33317**

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]* **900036282879**
 Signature, typed or printed name of registered agent and title if applicable. DATE **05/14/04--01007--004 **526.25**

9. Capital Contributions as Shown on record. **\$3,200,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	G10998 DEUX MICHEL, INC. 12725 S.W. 122ND AVENUE MIAMI, FL	STREET ADDRESS	
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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: *[Signature]* **TREAS. DEUX MICHEL, INC**
DAVID G. STING GENPTR **4/23/04** **(954) 424-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #