


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A17534 1. Entity Name PAVILION ASSOCIATES, LTD.	
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Principal Place of Business 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207	Mailing Address 800 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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01202004 Chg-LP CR2E003 (10/03)

City & State	City & State	4. FEI Number 59-2505491	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH & HULSEY
225 WATER ST.
1800 FLORIDA NATIONAL BANK TOWER
JACKSONVILLE, FL 32202

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

9. Capital Contributions as Shown on record. **\$2,625,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$2,625,000.00**

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	STREET ADDRESS	CITY-ST-ZIP
H14260	PAVILION DEVELOPERS, INC	800 PRUDENTIAL DRIVE	JACKSONVILLE, FL
H24108	PAL PROPERTIES, INC.	800 PRUDENTIAL DRIVE	JACKSONVILLE, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

U00000160009
 05/13/04 00004 014 526.25

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)(c), 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: *Orion Subaraj* Date: 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #