


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT #A18481 1. Entity Name GRACE PROPERTIES NO. 26, LTD.			
Principal Place of Business 5601 WINDHOVER DRIVE ORLANDO, FL 32819		Mailing Address 5601 WINDHOVER DRIVE ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2474077		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04292004 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J GREENSPOON MARDER HIRSCHFELD RAKIN ROSS & 100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309		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 _____ <small>Signature typed or printed name of registered agent and state if applicable</small>			
9. Capital Contributions as Shown on record \$4,870,271.00		10. Amount of Capital Contributions in FLORIDA to date 4870271.	
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 #	P97000102075	STREET ADDRESS	
NAME	CINNAMON COVE GP #26, INC.	CITY - ST - ZIP	
STREET ADDRESS	5601 WINDHOVER		
CITY - ST - ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	1100000158901
NAME		CITY - ST - ZIP	05/10/04-80006-021 141.25
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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)(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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE