

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 MAY 17 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WJH



05032004 Chg-LP CR2E003 (10/03) 5/17

4. FEI Number 59-2559039 Applied For Not Applicable

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

DOCUMENT # A19010

1. Entity Name  
VILLAGE 56 ASSOCIATES, LTD.



Principal Place of Business Mailing Address  
P.O. BOX 1685 P.O. BOX 1685  
NEW SMYRNA BEACH, FL 32170-1685 NEW SMYRNA BEACH, FL 32170-1685

2. Principal Place of Business 3. Mailing Address  
504 1/2 N RIVERSIDE DR  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip 32168 Country Zip Country

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F.  
600 COURTLAND ST.  
SUITE 110  
ORLANDO, FL 32804

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

9. Capital Contributions as Shown on record. \$20,000.00 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

DOCUMENT #  
NAME EVANS, JERRY C  
STREET ADDRESS P.O. BOX 1685  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 321701685

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
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000037852270  
06/10/04--01082--013 \*\*228.75

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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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/12/04  
Date Daytime Phone #

JERRY C. EVANS

STAPLE CHECK HERE