

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004


FILED

04 MAY 17 PM 1:32

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

7000

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

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.

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	EVANS, JERRY C	STREET ADDRESS	
NAME	P.O. BOX 1685	CITY-ST-ZIP	
STREET ADDRESS	NEW SMYRNA BEACH, FL 321701685		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000037852270
STREET ADDRESS			06/10/04--01082--013 **228.75
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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: Jerry C. Evans Date: 5/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

JERRY C. EVANS