2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 MAY 17 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A20086

1. Entity Name
CHARLTON COURT LTD.

Principal Place of Business	Mailing Address
5000 NW 27TH COURT SUITE E GAINESVILLE, FL 32606	5000 NW 27TH COURT SUITE E GAINESVILLE, FL 32606

03162004 Chg-LP CR2E003 (10/03) 5/17

2. Principal Place of Business	3. Mailing Address
701 S. Hendry Ave	P.O. Box 186
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Meade, Fl	City & State: Melrose, Fl
Zip: 33841 Country: USA	Zip: 326666 Country: USA

4. FEI Number: 59-2543843 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SABIS, WILLIAM R.
5000 N.W. 27TH CT.
SUITE E
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 2638-5 SE SR 21
City: Melrose FL Zip Code: 326666

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 of new registered agent, if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date:
$177,500.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	2638-5 SE SR 21
NAME	SABIS, WILLIAM R.	CITY-ST-ZIP	Melrose, Fl 326666
STREET ADDRESS	5000 NW 27TH CT., STE E		
CITY-ST-ZIP	GAINESVILLE, FL		
DOCUMENT #		STREET ADDRESS	900037852109
NAME		CITY-ST-ZIP	06/10/04--01082--008 **158.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900037852109
NAME		CITY-ST-ZIP	06/10/04--01082--007 **376.26
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	ENTERED
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Deb Sabis 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #