2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 JUL 12 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

DOCUMENT # A21816

1. Entity Name
DEER POINTE OF TALLAHASSEE, LTD.

Principal Place of Business	Mailing Address
4332 CAPITAL CIRCLE, N.W. TALLAHASSEE, FL 32303	4332 CAPITAL CIRCLE, N.W. TALLAHASSEE, FL 32303

07082004 Chg-LP CR2E003 (10/03) 7/12

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 59-2791135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, NEIL H
2708 O'HARA COURT
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name CATHERINE MAYFIELD
Street Address (P.O. Box Number is Not Acceptable)
4223 CAPITAL CIRCLE NW
City TALLAHASSEE FL Zip Code 32303

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 Catherine Mayfield 7-8-04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$717,200.00	

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 #	L49196	STREET ADDRESS	
NAME	DEER POINTE OF TALLAHASSEE, INC.	CITY-ST-ZIP	
STREET ADDRESS	4223 CAPITAL CIRCLE, NW		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
DOCUMENT #		STREET ADDRESS	500039688365 07/29/04--01031--007 **526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500039688365 07/29/04--01031--008 **400.00
NAME		CITY-ST-ZIP	
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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: Catherine Mayfield 7-8-04 850-562-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #