## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

STAPLE CHECK HERE

	DUE BY M	AY 1, 2004			
DOCUMENT # A22912  1. Entity Name HERITAGE PARK OF WEST DELRAY, LLLP				For Land	
		· 	CO WE TWO	04 APR 30 PM 12: 24_	
383 ·	e of Business	Mailing Address		i e	
	AGE PARK WAY ACH FL 33484	5258 HERITAGE PARK V DELRAY BEACH FL 334		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
6 D	and the second	I o Marking Address	A		
Suite, Apt.	ace of Pysiness, tage lade	3. Mailing Address  5861 Mesu  Suite, Apt. #, etc.	tagelaslidy		ill.
	Way	,		MOORE CR2E003 (11/03)	
City & State	1	Deluy Blace	y FL	4. FEI Number 59-2729148 Applied Not Appl	licable
Zíp	Country	23484 -	Felm Black	5. Certificate of Status Desired \$8.75 Additional Fee Required	<sup>1</sup> .
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
SCHEMEL, ROBERT G.  SITE OF A DELRAY BEACH FL 33484  SITE OF A DELRAY BEACH FL 33484  SITE OF A DELRAY BEACH FL 33484					
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.  10. Amount of Capital Contributions in FLORIDA to date.				11. MAKE CHECK PAYABLE TO FL. DEPT. OF	1707 1900
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#	. GENERAL FARTNER	TINFORMATION		ADDRESS CHANGES ONLY	
	SCHEMEL, ROBERT G.		STREET ADDRESS 3	5861 Heritage Park Way	
	5858 HERITAGE PARK WAY DELRAY BEACH FL		CITY-ST-ZIP	14 had El 33484	
DOCUMENT #	DELITAT BEACITIE		Asc	Cay place FE 33707	
NAME			STREET ADDRESS		ļ
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #					
NAME			STREET ADDRESS	200036272602 <del>- 05/13/04-01064-012 **535.00</del>	
STREET ADDRESS* CITY-ST-ZIP		•	CITY-ST-ZIP	<del>U5/13/U4=-01064 -012 **535.00</del>	
DOCUMENT # NAME		~	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP	- Por	
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					
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	this filing does not qualify for that my signature shall have this report as required by Chapte	the exemption stated in Some same legal effect as if the 620, Florida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the informmade under oath; that I am a General Partner of the limited partne	ation rship or