## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## FILED May 04, 2004 08:00 AM Secretary of State

Mailing Address \$355 HAWARTHA AVE, SUITE 101 MAMI, FL 33133  2. Principal Place of Business \$355 HAWARTHA AVE, SUITE 101 MAMI, FL 33133  2. Principal Place of Business \$355 HAWARTHA AVE, SUITE 101 MAMI, FL 33133  2. Principal Place of Business \$355 HAWARTHA AVE, SUITE 101 MAMI, FL 33133  2. Principal Place of Business \$355 HAWARTHA AVE, SUITE 101 MAMI, FL 33133  2. Principal Place of Business \$355 HAWARTHA AVE, SUITE 101 MAMI, FL 33133  3. Principal Place of Business \$4. FEI Mumber \$59-2767146  \$4. FEI Mumber \$59-2767146  \$59-276714		MENT # A24133					~~	or cour y	or state
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6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8ELLAMY, ROBERT R 8ELLAMY, ROBERT R 8ELLAMY, ROBERT R 8A Name 8ELLAMY, ROBERT R 9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	F City & State City & State				<u></u> <u> </u>	ł .		<del> </del>	
BELLAMY, ROBERT R CHATEAU ELIZABETH OFFICE, SUITE 101 3635 HAWATHA AVENUE MIAMI, FL 33133-4077  City FL Zip Code  8. The above named one's submits this abisement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent. State of Florida and supplies with registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent. State of Florida and supplies with registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent. State of Florida and supplies with registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept agent with.  8. Capital Control of State of Florida. I am familiar with, and accept agent with a familiar with a segment of the familiar with a segment of the familiar with a segment of the familiar with a familiar w	, 7ip	Country	Zip	Cour	ntry	<del>-                                   </del>			75 Additional
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.	DELLARA	DONEDTO			Name				
City FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  9. Capital Contributions as \$1,500,000.00  10. Amount of Capital Contributions as \$1,500,000.00  A GENERAL PARTINET INTERMATION  13. ADDRESS CHANGES ONLY  CENERAL PARTINET INFORMATION  14. CHATEAU ELIZABETH, INC.  GENERAL PARTINET INFORMATION  15. ADDRESS CHANGES ONLY  US/10/04-80033-010 526.25  US/10/04-800	CHATEAU ELIZABETH OFFICE, SUITE 101 3535 HIAWATHA AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named untity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Description   Desc	MIAMI, FL 33133-4077								
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