
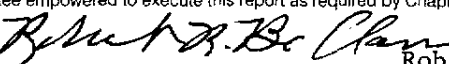


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A24133			
1. Entity Name TOWNHOUSE APARTMENTS, LTD. LLLP			
Principal Place of Business 3535 HIAWATHA AVE., SUITE 101 MIAMI, FL 33133		Mailing Address 3535 HIAWATHA AVE., SUITE 101 MIAMI, FL 33133	
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc	
4. City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2767146		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLAMY, ROBERT R CHATEAU ELIZABETH OFFICE, SUITE 101 3535 HIAWATHA AVENUE MIAMI, FL 33133-4077		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$1,500,000.00		10. Amount of Capital Contributions in FLORIDA to date \$1,500,000.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P14314 CHATEAU ELIZABETH, INC. ONE E. LIBERTY ST., #416 RENO, NV	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U00000159505 05/10/04-80033-010 526.25
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Robert R. Bellamy, 4/21/04 305-856-5561 Date Daytime Phone #	
President of Chateau Elizabeth, Inc.			

STAPLE CHECK HERE