


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

DOCUMENT # A24627 1. Entity Name INGLEWOOD MEADOWS LTD.	
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Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY FL 32669	Mailing Address 20721 S.W. 46TH AVE. NEWBERRY FL 32669
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

04 APR 29 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 59-2806178	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, NORITA V 20721 S.W. 46TH AVE. NEWBERRY FL 32669	7. Name and Address of New Registered Agent Name _____ Street Susan Adams Hallmark Management, Inc. 4040 Newberry Road, Suite 1000 City Gainesville, FL 32607 Zip Code _____
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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 <i>Susan Adams</i>	DATE 3/1/04
Signature, typed or printed name of registered agent and title if applicable.	

9. Capital Contributions as Shown on record. \$394,500.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 DAVIS, NORITA V. STREET ADDRESS 20721 S.W. 46TH AVE. CITY-ST-ZIP NEWBERRY FL	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 700036062777 CITY-ST-ZIP 05/11/04--01067--016 **535.00
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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: <i>Norita Davis</i>	Date 4-12-04	Daytime Phone # 352 472 3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

SAMPLE CHECK HERE