


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

*None*

<b>DOCUMENT # A25309</b>			
1. Entity Name <b>GREENWOOD TERRACE LTD.</b>			
Principal Place of Business <b>20721 S.W. 46TH AVE NEWBERRY FL 32669</b>		Mailing Address <b>20721 S.W. 46TH AVE NEWBERRY FL 32669</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

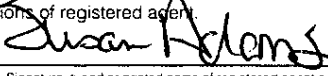
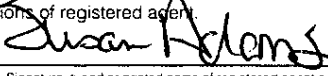
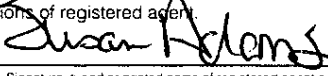
**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  <b>DAVIS, RONNIE C 20721 S.W. 46TH AVE. GAINESVILLE FL 32608</b>				7. Name and Address of New Registered Agent <table border="1"> <tr><td>Nar</td><td></td></tr> <tr><td>Str</td><td><b>Susan Adams</b></td></tr> <tr><td></td><td><b>Hallmark Group Services of Florida, LLC</b></td></tr> <tr><td></td><td><b>4040 Newberry Road, Suite 1000</b></td></tr> <tr><td>Cit</td><td><b>Gainesville, FL 32607</b></td></tr> </table>		Nar		Str	<b>Susan Adams</b>		<b>Hallmark Group Services of Florida, LLC</b>		<b>4040 Newberry Road, Suite 1000</b>	Cit	<b>Gainesville, FL 32607</b>
Nar															
Str	<b>Susan Adams</b>														
	<b>Hallmark Group Services of Florida, LLC</b>														
	<b>4040 Newberry Road, Suite 1000</b>														
Cit	<b>Gainesville, FL 32607</b>														
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. <table border="1"> <tr> <td>SIGNATURE</td> <td></td> <td>DATE</td> <td><b>3/29/04</b></td> </tr> <tr> <td colspan="4">Signature, typed or printed name of registered agent and title if applicable.</td> </tr> </table>						SIGNATURE		DATE	<b>3/29/04</b>	Signature, typed or printed name of registered agent and title if applicable.					
SIGNATURE		DATE	<b>3/29/04</b>												
Signature, typed or printed name of registered agent and title if applicable.															
9. Capital Contributions as Shown on record.		<b>\$282,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.											
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.															

**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 #		STREET ADDRESS	
NAME	<b>DAVIS, RONNIE C</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>20721 SW 46TH AVE.</b>		
CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>		
DOCUMENT #		STREET ADDRESS	<b>300036051413</b>
NAME		CITY-ST-ZIP	<b>05/11/04--01033--014 **535.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:**  **Stefan Davis** **4/12/04** **(352) 472-7773**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE