2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 19, 2004 08:00 AM Secretary of State

	DOCUMENT # A26490 1. Entity Name THE GARDENS AT LAKEWOOD ASSOCIATES LIMITED PARTNERSHIP)			Secret	ary of	State	
	Principal Place of Business 5551 AUBURN RD. #A IACKSONVILLE, FL 32207		Mailing Address 8251 MARYLAND, #10 ST. LOUIS, MO 63105-3653					·		
	Principal Place of Business									
ŀ	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052004	Chg-LP	CR2E003 ((10/03)	
ŀ	City & State		City & State			4. FEI Number 43-14842	112		Applied For Not Applicable	
,	Zip	Country	Zip Count		atry	5. Certificate of		□ \$8. Fee	75 Additional Required	
	6. Name and Address of Current Registered Agent				Name	7. Name and A	idress of New R	egistered Ager	ıt	
	THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)					
					City	FL Zip Code				
Ì	 The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. 					ed agent, or both,	in the State of Flo	orida. I am Iamil	iar with, and accept	
	SIGNATURE Signature, typed or printed name of registered agent and fills if applicable. DATE									
	9. Capital Contributions as Shown on record. \$1,100,200.00 10. Amount of Capital Contributions in FLORIDA to date.					00.00				
Ì	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.									
ļ	12. GENERAL PARTNER INFORMATION 13.					ADDRESS CHANGES ONLY				
	DOCUMENT # NAME	P19382 HILLTOP TOWNHOMES, INC.			EET ADDRESS					
	STREET ADDRESS CATY-ST-ZAP	8251 MARYLAND, SUITE 10 ST. LOUIS, MO 631053653	CHY		'- ST- ZIP					
	Document # Name			SIRE		U00000133215 04/27/84 00078 017 526.25				
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	NAME				EET ADDRESS					
	STREET ADORESS CITY-ST-ZIP)			-ST-ZIP					
STAPLE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET	ST-ZIP					
	1	certify that the information supplied with on this report is true and accurate adder or or trustee empowered to execute the	this filling does not qualify the that my signature that he was ignature that he was equived by Char	in the exe the same yer 620, i	mption stated in Sec e legal effect as if m Florida Statutes	ction 119.07(3)(i), i ade under oath; th	Forida Statutes. I at I am a Genera	further certify the li	at the information mited partnership or	
	SIGNATURE: BULLED MELAYE, PRESIDENT OF GENERAL PARTNER SIGNATURE: SIGNAPPRE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER						311-04 Koale		76-7000	