

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A27790

1. Entity Name
 AUBURN TRACE, LTD.



Principal Place of Business
 1301 S.W. 10TH AVENUE, BLDG. J
 DELRAY BEACH, FL 33444

Mailing Address
 1301 S.W. 10TH AVENUE, BLDG. J
 DELRAY BEACH, FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01212004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0091524	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HINNERS, BRIAN J
 1301 S.W. 10TH AVENUE, BLDG. J
 DELRAY BEACH, FL 33444

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$4,833,490.00**

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # G00243900461
 NAME AUBURN TRACE JOINT VENT.
 STREET ADDRESS 1301 S.W. 10TH AVENUE, BLDG. J
 CITY-ST-ZIP DELRAY BEACH, FL 33444

STREET ADDRESS

CITY-ST-ZIP

600028011936
 02/02/04--01056--009 **526.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/21/04 561-2780053

Date

Daytime Phone #

STAPLE CHECK HERE