

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

APPROVED
AND
FILED

04 MAY -6 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A28065

1. Entity Name

INDEPENDENCE COURT OF ORMOND BEACH
ASSOCIATES, LTD.



Principal Place of Business

PERIDOT PLACE/INDEPENDENCE COURT
535 N. NOVA RD.
ORMOND BEACH FL 32174

Mailing Address

PERIDOT PLACE/INDEPENDENCE COURT
311 CASTLE SHANNON BLVD.
PITTSBURGH PA 15234

2. Principal Place of Business

3. Mailing Address

313 Castle Shannon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

Zip

Country

Zip

15234

Country

USA

4. FEI Number

59-2932803

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSBACHER, LEWIS
5150 BELFORT ROAD, BLDG. 100
JACKSONVILLE FL 32256

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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,211,921.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,211,921.00

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

DOCUMENT # F9600004992
NAME PERIDOT ENTERPRISES, INC.
STREET ADDRESS 311 CASTLE SHANNON BLVD.
CITY-ST-ZIP PITTSBURGH PA 15234

13. ADDRESS CHANGES ONLY

STREET ADDRESS

313 Castle Shannon Blvd

CITY-ST-ZIP

Pittsburgh, PA 15234

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Robert C. Lohr Robert C. Lohr 4/28/04 412-341-4500

STAPLE CHECK HERE