


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A28479
1. Entity Name
LABELLE COMMONS, LTD.



Principal Place of Business
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931

Mailing Address
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02122004 Chg-LP CR2E003 (10/03)

City & State
Zip Country

4. FEI Number
59-2950805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931

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

9. Capital Contributions as Shown on record. \$253,880.00

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 #	DEHARDER, ROBERT	STREET ADDRESS	
NAME	5505 N. ATLANTIC AVE., #115	CITY-ST-ZIP	
STREET ADDRESS	COCOA BEACH, FL 32931		
CITY-ST-ZIP			
DOCUMENT #	MCPHILLIPS, FRANCIS	STREET ADDRESS	U00000087633
NAME	5505 N. ATLANTIC AVE., #115	CITY-ST-ZIP	03/15/04 00019 004 535.00
STREET ADDRESS	COCOA BEACH, FL 32931		
CITY-ST-ZIP			
DOCUMENT #	FRAZIER, JOHN	STREET ADDRESS	
NAME	5505 N. ATLANTIC AVE., #115	CITY-ST-ZIP	
STREET ADDRESS	COCOA BEACH, FL 32931		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael McPhillips, CPA 3/3/04 321-799-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #