


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

FILED
Apr 23, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A28711 1. Entity Name DRIFTWOOD TERRACE ASSOCIATES, LTD. |  |
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| Principal Place of Business 1 STOW ROAD MARLTON NJ 08053 | Mailing Address 1 STOW ROAD P.O. BOX 994 MARLTON NJ 08053 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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MOORE CR2E003 (11/03)

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| 4. FEI Number 22-2997762 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SMITH & HULSEY 1800 FLORIDA NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| 9. Capital Contributions as Shown on record. \$1,490,034.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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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 # | NAME | STREET ADDRESS | |
| NAME | LEVITT, MICHEAL J | CITY-ST-ZIP | |
| STREET ADDRESS | 1 STOW ROAD | | |
| CITY-ST-ZIP | MARLTON NJ | | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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05/03/04-80002-014 526.25

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)(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: _____ *General Partner* *4/20/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #