
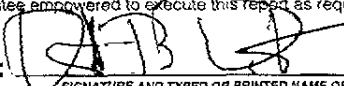


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Apr 27, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A29685</b>			
1. Entity Name VINTAGE OF THE PALM BEACHES, LTD.			
Principal Place of Business 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418		Mailing Address 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIVOSTA, OTTO B 4500 PGA BOULEVARD SUITE 207 PALM BEACH GARDENS, FL 33418		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record <b>\$3,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L09351	STREET ADDRESS	
NAME	VINTAGE OF PLM BCHS, INC	CITY - ST - ZIP	
STREET ADDRESS	4500 PGA BOULEVARD, STE 207		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #		STREET ADDRESS	U00000147049
NAME		CITY - ST - ZIP	05/03/04-80090-010 526.25
STREET ADDRESS			
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NAME		CITY - ST - ZIP	
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: 		Otto B. Divosta	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	4-5-04
		Daytime Phone #	561-1691-9050

STAPLE CHECK HERE