2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	DOCUMENT # A30037 1. Entity Name MAPLEWOOD MOBILE ESTATES, LTD.				FILED	
					04 MAY 28 PM 12: 52	
	5120 RIVERSIDE	cipal Place of Business Mailing Address O RIVERSIDE DRIVE 5120 RIVERSIDE DRIVE TONA BEACH, FL 32127 DAYTONA BEACH, FL 321.		127	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	2. Principal Place of Business 5111 S. RIGGEWOOD AVE POBOX 23			8071		
:	Suite, Apt. #, e	pt. #, etc. Suite, Apt. #, etc.			03042004 Chg-LP CR2E003 (10/03)	
-	PORTORANGE, FL PORTORANO			ge, FL	4. FEI.Number Applied For 59-3012599 Not Applicable	
	32127	Country	32127	Country A	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Andrew Clark	
	CLARK, DOUGLAS J. 5120 RIVERSIDE DRIVE DAYTONA BEACH, FL 32127			Street Add		
				211	rees (88). Box hymber is Not Acceptable AVC	
				City 12 A	76 300 Tip Code	
				' <i>P0</i>	RT Orange FL 202127	
	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 Signafile, typed or printed name of registered agent and title if applicable. D. AndREW Clark, PRES. 03.09.04					
	Capital Contributions S2,208,000.00 In FLORIDA to date. 10. Amount of Capital Contribution 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 1				ADDRESS CHANGES ONLY	
	DOCUMENT/ M98199			STREET ADDRESS	51115. Ridge wood Ave, Suite 300	
	STREET ADDRESS P.	ET ADDRESS P.O. BOX 238071			Portorange, FL 32127	
•	DOCUMENT /	5101002,72 02 120		STREET ADDRESS	MAR 2 2 2004	
STAPLE CHECK HERE	STREET ADORESS		<u> </u>	CITY-ST-ZIP	0000000010110	
	DOCUMENT / NAME			STREET ADDRESS	06/09/0401068023 **526.25	
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				CITY-ST-ZIP		
	14. Thereby certify that the information supplied with this filling does not qualify for the exindicated on this report is true and accurate and that my signature shall have the sar the receiver or trustee empowered to execute this report as required by Chapter 620				as it made under patiti; tilat i atil a General Farther of the illilited parthership of r	
SIGNATURE: D. Andrew Clark 03.09.04 380.703.2280						
L	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylate Priorite #					