


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

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30764</b>					
1. Entity Name ARBOR VILLAGE LTD. OF TALLAHASSEE					
Principal Place of Business 2750 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301			Mailing Address 2750 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301		
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	
KENNY, JOHN C ESQ. 241 EAST 6TH AVE. TALLAHASSEE, FL 32303				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$0.00</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.</b> 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 #	P31581		STREET ADDRESS		
NAME	ARBOR PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	2750 OLD ST. AUGUSTINE RD.				
CITY-ST-ZIP	TALLAHASSEE, FL 32301				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: <i>William G. Thames, Jr</i>			Date: 4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: (850) 656-7667		



04282004 Chg-LP CR2E003 (10/03)

4. FEI Number **63-1029313** Applied For Not Applicable

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

0000015816  
05/07/04-80033-016 150.00

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