

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 AM 8:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A32319
 1. Entity Name
 RAVENWOOD OF KISSIMMEE, LTD.

Principal Place of Business
~~5700 SW 34TH STREET, SUITE 1307~~
~~GAINESVILLE, FL 32608~~

Mailing Address
 20721 SW 46TH AVE.
 NEWBERRY, FL 32669

2. Principal Place of Business
 20721 SW 46th Ave

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

City & State
 Newberry, FL

City & State
 Newberry, FL

Zip
 32669

Country
 USA



03232004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3143824

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVIS, NORITA V
 20721 SW 46TH AVENUE
 NEWBERRY, FL 32669

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. \$5,752,249.00

10. Amount of Capital Contributions in FLORIDA to date. 5452,249.-

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 #	DAVIS, NORITA V	STREET ADDRESS	
NAME	20721 SW 46TH AVENUE	CITY-ST-ZIP	
STREET ADDRESS	NEWBERRY, FL 32669		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500036062465
NAME		CITY-ST-ZIP	05/11/04--01067--008 **535.00
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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: *Norita V. Davis* 3/24/04 352-472-3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Norita V. Davis, General Partner