2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	Due By May 1, 2004					FILED	
1.	DOCUMENT # A32888 1. Entity Name COUNTRY PLACE PARTNERS, LTD.					OL HAY -7 PH 3: 41	
15	Principal Place of Business Mailing Address 155 SABAL PALM DR. 155 SABAL PALM DR LONGWOOD, FL 32779 LONGWOOD, FL 327			9		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	2. Principal Place of Business 1063 Maitland Center Comms Suite, Apt. #, etc. 3. Mailing Addres 1063 Mait Suite, Apt. #, etc.			LCen	ter Com	ms.	
Sı	Suite, Apt. i uite 10 City & State	00	Suite, Apt. #, etc. Suite 100 City & State			01142004 Chg-LP CR2E003 (10/03) 4. FEI Number Applied For	
Ma	aitland Zip 3275	i FL	Maitland FL	Maitland FL Zip 32751 Country		59-3124301 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
	32/2	6. Name and Address of Current				7. Name and Address of New Registered Agent	
	, and the second				- Name -		
1	RAJTAR, STEVEN A. 155 SABAL PALM DR. LONGWOOD, FL. 32779				Street Addr	ess (P.O. Box Number is Not Acceptable)	
		e g			1063 M	Maitland Center Commons Suite 100	
	į .				Maitland		
	 The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registers agent. 					gistered agent, or both, in the State of Florida. I am familiar with, and accept	
S	SIGNATURE Signature, typed or printed name of registered agent and tritle il applicable.					DATE	
	9. Capital Contributions as Shown on record: \$500,200.00 In FLORIDA to date.			outions			
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE NOTE: General Partners MAY NOT be changed on the form; an am						
_	2.	GENERAL PARTNER INFORMATION			.:	ADDRESS CHANGES ONLY	
N.	OCUMENT # AME	GP INVESTMENTS OF ORLANDO, INC.			ET ADDRESS 1	.063 Maitland Center Commons Suite 100	
1 -	TREET ADDRESS	155 SABAL PALM DR. LONGWOOD, FL 32779		CITY		Maitland `FL 32751	
1	OCUMENT # AME)		STRI	EET ADORESS		
- 1	TREET ADDRESS 1TY-ST-ZIP	<u> </u>		CITY	-ST-ZIP	100027571241	
N	OCUMENT # IAME			STRI	EET AODRESS	06/02/0401029002 **535.00	
- 1	TREET ADDRESS			CITY	-ST-ZIP		
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ļ	indicated	on this report is true and accurate an ver or trustee empowered to execute to	d that my signature shall have	the sam	e legal effect	Lin Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership or es	